



*Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau*



WEAVING CONNECTIONS

The Health Services Advisory Committee



®

HEAD START

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Weaving Connections

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Introduction

The goal of Head Start is to bring about a greater degree of social competence in children from birth to age five. Social competence is defined as a child's "everyday effectiveness in dealing with both present environment and later responsibilities in school and life."

To achieve this goal, Head Start programs offer comprehensive, interdisciplinary services that include education, health, mental health, nutrition, social services, and parent involvement to children and their families. In accordance with its mission, Head Start embraces a comprehensive vision of health for children, families, and staff. The goal is to support healthy physical and mental development by encouraging practices that prevent illness or injury and by promoting positive, culturally relevant health behaviors that enhance life-long well-being.

These services are designed and provided according to the Head Start Program Performance Standards. These are the mandatory regulations to which programs must adhere to ensure that Head Start goals and objectives are implemented successfully, that the Head Start philosophy continues to thrive, and that all grantees and delegate agencies maintain the highest possible quality in providing Head Start services.

The reauthorization of the Head Start Act in 1998 directed the Head Start Bureau to emphasize specific child and family outcomes and to develop the mechanisms and procedures for examining program effectiveness. As a result, the Head Start Bureau has restructured the on-site Federal Program Monitoring process of Head Start and Early Head Start grantees. The monitoring process, entitled the Program Review Instrument for Systems Monitoring (PRISM), is intended to ensure that

high quality, comprehensive services are provided to children and families.

Weaving Connections: The Health Services Advisory Committee

The Program Performance Standards make it clear that all the program threads—early childhood development and health, family and community partnerships, and program management—must be woven together to support improved outcomes for children and families.

In the family and community partnerships area, the Head Start Program Performance Standards require that every Head Start program form and maintain a Health Services Advisory Committee (HSAC) to advise in the planning, operation, and evaluation of health services in Head Start and Early Head Start programs [1304.41(B)].

The HSAC is an advisory group usually composed of local health providers, such as pediatricians, nurses, nurse practitioners, dentists, nutritionists, and mental health providers, who represent private departments; the Women, Infants, and Children (WIC) program; and other social services agencies. Head Start staff and parents also serve on the HSAC.

The HSAC plays an important role in weaving community connections and ensuring that Head Start programs provide comprehensive, integrated, and effective health services to children and their families. HSACs assist local programs in a variety of activities, including developing plans, policies, and procedures; training staff and parents; and accessing community health resources. Committee members offer their services on

The HSAC plays an important role in weaving community connections and ensuring that Head Start programs provide comprehensive, integrated, and effective health services to children and their families.

a volunteer basis and are not compensated for their participation.

The HSAC supports improved outcomes by building relationships among the threads of a community, helping to weave a close-knit group of parents, Head Start staff, and local health providers who will work together to improve health services to low-income children and their families across the nation.

The *Weaving Connections* Training Package

As a result of the increased focus on the HSAC in the Revised Performance Standards and on the role the HSAC plays in improving child outcomes, the Head Start Bureau felt it was necessary to develop materials to help Head Start programs improve the HSAC's functioning. Whatever the make up and structure of your HSAC, the materials in this training guide are meant to help you run the most effective HSAC possible, with the ultimate goal of improving the outcomes for children and families.

This multimedia training package includes a video, a set of the written materials, and a CD-ROM.

The Video

The video *Weaving Connections* tells the story of five HSACs across the country that have accomplished measurable outcomes for the children and families they serve. The video is meant to be motivational and encouraging, showing what all programs can achieve if they put their mind and resources to the task.

The video can be used alone to inspire viewers and give a general overview of HSACs and of their potential, or in coordination with the written materials, which include modules that use the video to train HSAC members and potential members.

In the video, five Head Start programs share their success stories:

- ◆ **Helping Children**, *Port Gamble Indian Reservation, Washington*. Christopher is able to be fully included in Head Start and enjoy increased mobility and independent activity at home.
- ◆ **Building Relationships**, *College Park, Maryland*. Maria has access to the prenatal health care and medication she needs to deliver a healthy baby.
- ◆ **Advocating for Change**, *Fairfax, Virginia*. Medicaid reimbursement rates for dental providers are increased, helping Medicaid eligible children far beyond those enrolled in Head Start.
- ◆ **Empowering Parents**, *Seattle, Washington*. Parents become better advocates for themselves and their children.
- ◆ **Strengthening Communities**, *Washington, D.C.* Bontivia is empowered to make a difference that not only protects her children from lead poisoning, but also helps other families do the same.

The Head Start programs shown in the video represent some of the most well-functioning HSACs in the country, but these success stories did not happen by accident. Each HSAC had to start from the beginning, developing policies and procedures that allowed these stories to happen.

Just as we use the term development when it comes to children, families, or organizations, this term can also be used when thinking about your HSAC. Keep your HSAC's developmental stage in mind as you begin to plan how to use the *Weaving Connections* materials. The chart on page 3 will help you to determine where to begin when using these materials.

Each Head Start and Early Head Start program has a system that operates in the agency so positive health outcomes can happen. An effective HSAC can be an important piece of that system. Look at how each of the following HSACs made each success story a reality.

- ◆ In the case of Christopher, the HSAC worked with the program to streamline

their protocols for Individual Education Plans (IEPs) for children with special health needs so all the children served by that program, including Christopher, had their individual health and learning needs met.

- ◆ In the case of Maria, her HSAC revisited its mission after beginning to serve Early Head Start (EHS) families and broadened its membership to include community leaders in prenatal and infant care. This expanded mission and membership was able to help the program put systems in place that allowed them to respond quickly and effectively to meet the health care needs of Maria and other pregnant women in the

program. This HSAC continues to work on creating systems to ensure that Maria and the other EHS families in the program have secure medical homes so that their health care needs can be handled in the context of relationships with primary health care providers.

- ◆ In the case of raising the reimbursement rate for Medicaid dental care, several HSACs worked together, pooling information and resources to serve as strong advocates for the entire community. Together they responded on a system-wide level to a problem that they became aware of through the experiences of Head Start families.

- ◆ In Seattle, where parents are learning to become their own health advocates, the HSAC is a resource in thinking through what kind of action needs to happen to help families cope with the change to managed care. The HSAC functioned as a source of information and as a planning resource in a time when the larger system of health care delivery was changing rapidly.

- ◆ And finally, the HSAC in Bontivia's community served the program by helping design and analyze a community health "needs" assessment that helped the program anticipate that lead screening was likely to be an issue for Head Start families.

Using the Training Modules

If this describes your Head Start program . . .	This module is a good place to start . . .
Our HSAC meets twice a year, but staff have a hard time explaining the committee's purpose to HSAC members, and meetings feel obligatory.	Module 1: Developing a Mission for the HSAC
We know what needs to be done to support our program and the health of our community, but we never seem to be able to connect to the decision-makers or the people who can make a difference.	Module 2: Evaluating your HSAC Membership and Developing a Recruitment Plan
The parents and staff of our program are not sure what the HSAC is, and community members don't have a good sense of what Head Start does and how health issues are involved.	Module 3: Recruitment and Orientation of HSAC Members
We have a great roster of HSAC members and we know where we want to go with our vision of health in Head Start, but it seems like our committee never gets anywhere. We have problems with following through with all our great plans, and the HSAC is getting frustrated.	Module 4: Making the HSAC Work
It feels like our HSAC is on track, but when it comes time to communicate about what we have accomplished, we are not sure how to do it. We need a way to look systematically at what we are doing and communicate it to our families, staff, and larger community.	Module 5: Evaluating Effectiveness and Planning Next Steps

The Written Materials

The written materials include information on Head Start and health services, frequently asked questions, the script from the *Weaving Connections* video, training modules, and resources.

The Training Modules

We have identified five key elements of a successful HSAC:

- ◆ There must be a clearly articulated **mission**.
- ◆ There must be a representative **membership**.
- ◆ There must be responsive **recruitment and orientation** of HSAC members.
- ◆ There must be effective **operations**.
- ◆ There must be **evaluation**.

Now think about the success stories from the video. Which key elements were in place in each agency that made this success happen? Which key elements does your local HSAC have? Which ones need to be strengthened? The training modules are intended to support a program's ability to put these key elements in place so that the HSAC can be a vibrant resource for systems that support health in Head Start.

The *Weaving Connections* materials include five training modules, each corresponding to one of the key elements listed above. In each module you will find:

- ◆ Training objectives that describe to what knowledge and competencies that module is directed.
- ◆ Self-assessment questions that will help your health services manager think about where your program is, and consequently where to begin with the activities offered in the module.
- ◆ Training activities for a variety of audiences. Some are for groups of health services man-

agers, others are for the HSAC members or for parents and staff. Users of these materials are encouraged to modify them in the way that works best for their program.

- ◆ Handouts and references that go beyond the materials referenced in the training activity. These include referrals for additional training materials that also address the training objective for the module.

A CD-ROM

This CD includes electronic versions of all of the written materials as well as additional resources that will help Head Start programs inform their staff, parents, and community members about Head Start, health services, and HSACs. It includes resources that are informational, such as the 2003 PRISM Core Questions and a PowerPoint presentation on Head Start and health services, and resources that were created with the intention that a local grantee or delegate agency can adapt them for their local program. These resources include:

- ◆ A sample certificate of appreciation for HSAC members
- ◆ A sample brochure that you can distribute to parents and community members
- ◆ A sample recruitment letter for parents and community members

All of these “adaptable” resources are provided to offer help in the sometimes-daunting task of creating promotional materials for parents and community members. However, as you will notice, they are not meant to be used as they are—they are meant to be changed and updated to reflect your program's information and priorities.

How to Support Success

In most cases, the day-to-day management of the Health Services Advisory Committee is the responsibility of a health services manager within the Head Start program. For

this reason, the training modules in this guide will most likely be used by health services managers to train their fellow staff and the membership of the HSAC.

However, there are also important roles the Head Start director and other top-level administrators can play in supporting the success of the HSAC. The following ideas summarize the thinking of the *Weaving Connections* Design Team, an expert advisory group that included directors, parents, health services managers, and training and technical assistance staff about how administrative staff can support success.

- ◆ Create a climate where new ideas are welcome.
- ◆ Make sure that the community assessment includes information about health and wellness to help the HSAC plan.
- ◆ Embrace a vision of health and wellness that includes prevention and early intervention.

- ◆ Be a good community partner. Your participation on community boards and committees raises the awareness of potential HSAC partners.
- ◆ Support parents' participation by making resources, such as transportation and child care, available to offset their cost of participation.
- ◆ Make sure that health services managers' workloads allow for time to plan and manage the HSAC.
- ◆ Lend your prestige and credibility to the HSAC by attending meetings, recognizing members, and following through on requests that come from the HSAC.

With adequate support and a commitment to success, you might find that your local HSAC can accomplish amazing things—amazing things for your program and for the health of the children and families you serve.

Head Start and Health Services

Head Start and Early Head Start

Head Start

Head Start is a national program that provides comprehensive developmental services for low-income, preschool children ages three to five and social services for their families. Approximately 1,600 community-based nonprofit organizations and school systems have developed unique and innovative programs to meet specific needs. Head Start began in 1965 in the Office of Economic Opportunity.

The Department of Health and Human Services, Administration for Children and Families (ACF) oversees Head Start. Grants to conduct Head Start programs are awarded to local public or private, nonprofit or for-profit agencies by the ten ACF Regional Offices and the Head Start Bureau's American Indian/Alaska Native and Migrant and Seasonal Programs Branches. At least 10 percent of the enrollment opportunities in each program must be made available to children with disabilities.

Migrant and Seasonal Programs Branch

Migrant and Seasonal Head Start is administered from the national level through local and regional grantees. It is designed to provide comprehensive services to children from birth to compulsory school age in eligible mobile and seasonal farm worker families. Migrant families typically:

- ◆ Meet the annual Head Start poverty income guidelines
- ◆ Earn at least 51 percent of their annual income from agricultural work

- ◆ Change their place of residence at least once within each 24 consecutive months

Head Start staff tailor health services to the needs of these families. Head Start may schedule health appointments before the migrant families arrive at sites and make night and weekend appointments to accommodate the family work schedules. They also assist families in arranging follow-up care at their new location.

The Migrant Health Program works with Head Start staff and other public health service programs to meet the needs of migrant families. Most children in migrant families are eligible for Medicaid and State Children's Health Insurance Program (SCHIP).

American Indian/Alaska Native Programs Branch

American Indian and Alaska Native programs are administered centrally from Washington, D.C. Federally recognized tribes, consortia, and Alaska Native corporations are the grantees that operate the Head Start/Early Head Start programs. They vary in size, geography, and population and operate in 26 states.

Head Start has a long-standing collaborative partnership with the Indian Health Service. Tribal health departments provide treatment, referrals, or payments for medical and dental health care, or for related services. In some cases, managed care organizations are responsible for Indian health care.

Early Head Start

In 1994, the Head Start Reauthorization Act established Early Head Start to assist low-income families with infants and toddlers, including children with disabilities, and pregnant women. Participants receive the same

Head Start is a national program that provides comprehensive developmental services for low-income, preschool children ages three to five and social services for their families.

*Medical Home—
Performance Standard
Requirement*

*Section 1304.20(a)(i):
In collaboration with
the parents and as
quickly as possible, but
no later than 90
calendar days from the
child's entry into the
program, make a
determination as to
whether or not each
child has an ongoing
source of continuous,
accessible health care.
If a child does not
have a source of
ongoing health care,
grantee and delegate
agencies must assist
the parents in access-
ing a source of care.*

comprehensive child development education, health, nutrition, and mental health services as Head Start families. The Early Head Start staff serve as advocates and liaisons to service providers for the pregnant women they serve.

Program sponsors include Head Start grantees, school systems, universities, colleges, community mental health centers, city and county governments, Indian tribes, community action agencies, child care programs, and other nonprofit agencies. Early Head Start projects must coordinate with local Head Start programs to ensure continuity of services for children and families.

Head Start Health Services

The Philosophy of Head Start Health Services

When Head Start first began, voluntary community health providers offered many health services on-site in Head Start programs, such as immunizations and medical and dental treatment. Since then, however, Head Start programs have changed service delivery by placing an emphasis on partnerships with providers. These partnerships enable Head Start to respond to modifications in the health care delivery system and the needs of Head Start families.

Currently, to comply with the Head Start Program Performance Standards and to best meet the needs of families, programs design their services to take into account a variety of factors, including the results of the community assessment. Programs then determine whether to be a provider of direct health services, a broker of health services, or some combination of the two.

The focus of Head Start health services is to prevent health problems whenever possible by carefully addressing the needs of enrolled children. Successful partnerships are the key to the success of this approach. When conditions or illnesses are found, they are addressed quickly with the help of competent health care partners in an effort to

improve the health of the child and to prevent future problems.

Some services Head Start programs provide include:

- ◆ Assisting families in finding a medical home
- ◆ Locating sources of funding for health services
- ◆ Working with local Medicaid and SCHIP agencies to determine a child's eligibility for medical assistance
- ◆ Tracking health services
- ◆ Offering health promotion activities, including information about well-child care and training and information on child health and development

Performance Standards Requirements for Health Services

Medical Home

Head Start staff members make an effort to coordinate health services with families. They strive to ensure that each child has a source of continuous, accessible, coordinated care that serves as a “medical home.”

The Head Start Performance Standards requirement for a community assessment offers an opportunity for staff to identify and evaluate what health services are available locally. This activity:

- ◆ Supports efforts to find each child a medical home
- ◆ Enables families to carry out future efforts to ensure health care
- ◆ Assists the staff to meet the goal of offering broad preventive health care

In cases in which there is not a continuous source of health care, staff plan to help a family acquire a medical home. These include:

- ◆ Determining the values and beliefs of families regarding preventive health maintenance for family members

- ◆ Assisting families in applying for Medicaid or SCHIP services
- ◆ Working with local Medicaid and SCHIP agencies to determine a child's eligibility for medical assistance and to identify Medicaid and SCHIP providers
- ◆ Seeking help from the Health Services Advisory Committee (HSAC) to identify potential providers, sources of funding for health services, and ways to inform community health providers about the health needs of Head Start children and families
- ◆ Helping families get appointments with medical providers

Once a medical home is located, staff periodically review health records to ensure that recommended treatment and preventive services are being provided, and that providers make plans for both treatment and follow-up.

Well-Child Care Visits

In addition to ensuring that Head Start families find a medical home for their children's care, the Head Start Program Performance Standards require a determination by a health care professional that a child is up-to-date on a schedule of well-child care. Since health care in Head Start requires family involvement, Head Start staff members are expected to emphasize to parents the importance not only of finding a health care provider, but also of scheduling future preventive and primary health care. Only continuous care will identify and address problems quickly.

Well-child care includes scheduled age-appropriate preventive and primary health care including medical, dental, and mental health care. Staff obtain a useful schedule for this care from the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program of the Medicaid agency of each state through the Health Department. The Centers for Disease Control and Prevention issues immunization recom-

mendations. The Indian Health Service also provides guidelines for well-child care.

Tracking Health Progress

One aspect of health service management is taking steps to assist families with children needing further examination and treatment. The goal is to complete health services treatment and follow-up by the end of the program year. To accomplish this, the responsible staff member checks regularly with parents and staff to determine the status of examinations and treatments and the status of immunizations and diagnostic testing.

The Head Start staff member responsible for tracking a child's health care works with all of the staff in contact with the family to ensure that health records are carefully reviewed. The staff may be at the center, in a family child care setting, or may be home visitors.

Head Start staff members also tell parents how to use the referral procedures necessary to obtain health care services. For example, a child with a heart condition will require the services of a specialist, and a referral to that doctor from the primary care provider may be required before the visit can be arranged.

To track health care services, staff must maintain child health records. The records include the results of any examination and treatment plan and indicate progress in completing treatment for all conditions requiring follow-up. Records are reviewed with parents and are confidential. Head Start also facilitates transitions for families and transfers a child's health records to the next location if families move or when the child is no longer enrolled in Head Start.

Screening

When a child enrolls in Head Start, steps are taken to assess the child's health quickly to identify any health concerns. The emphasis is on scheduling preventive and primary health care. The screening also enables staff

Tracking Health Progress— Performance Standard Requirement

*Section
1304.20(a)(1)(ii)(C):
Grantee and delegate
agencies must establish
procedures to track the
provision of health
care services.*

Well-Child Care Visits—Performance Standard Requirement

*Section
1304.20(a)(1)(ii)(B):
For children who are
up-to-date on an age
appropriate schedule
of well-child care,
grantee and delegate
agencies must ensure
that they continue to
follow the recom-
mended schedule of
well-child care.*

Screening— Performance Standard Requirement

Section 1304.20(b)(1): In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age-appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

Parent Involvement in Health—Performance Standard Requirement

Section 1304.40(f)(1): Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

and partners to ensure prompt intervention to address problems. For example, it can identify children who need further assessment to determine if they need vision services or hearing aids, mental health services, special education, or other related services.

The screening procedures must be sensitive to the child's cultural, linguistic, and developmental background. Head Start also expects parents to be involved in the health care process, since they have the primary, long-term responsibility for their children's health.

The screening process is particularly important for children with disabilities. Some children who enroll in Head Start have previously identified disabilities and must be scheduled for immediate services. Other children with disabilities are identified during the screening process and need urgent intervention or care. Head Start works with community partners to locate services available for children who need care for disabling conditions.

The Department of Health and Human Services and the Department of Education, through the Federal Interagency Coordinating Council, have developed a cooperative agreement for coordinated screening. These efforts make timely screening feasible and also make it possible to expedite immunizations by making them available during the screening process. Coordinated screening also provides an excellent parent education opportunity, since information about child development, preschooler behavior, and services such as WIC, Medicaid, and SCHIP can be made available to families while their children are screened.

The Program Performance Standards require that children be screened for developmental, sensory, behavioral, hearing, and vision problems within 45 days after entry into the program. The child's health status must be determined by a health care professional within 90 days of entry. Head Start's health partners in community agencies may offer some direct services, such as

providing screenings on-site. In many cases, additional community interventions are appropriate to ensure that the child's progress is adequately supported.

There are special provisions about screening and assessment for programs that do not operate for 90 days, such as those serving migrant farm workers and their families. In those locations, the screening and assessment of children must take place within 30 days from the child's entry into the program. This necessitates:

- ◆ Scheduling health services before or during the first weeks of the program
- ◆ Obtaining records from other states and programs
- ◆ Arranging night and weekend appointments to accommodate migrant work schedules

Parent Involvement in Health

Parents are principally responsible for maintaining the health and nutrition of their children. They can establish healthy habits in the home and find health, nutrition, and mental health services if they are educated about and involved in these matters. Grantee and delegate agencies provide education programs for parents and families on medical, dental, nutritional, and mental health issues. The staff convey information using expert guest speakers, hands-on experiences, and newsletters. The programs are designed with parent attitudes, cultures, languages, beliefs, fears, and educational levels in mind. The staff also use community resources and consult with the HSAC (see page 12) when developing programs.

The medical and dental health education program assists parents in understanding how to enroll and participate in a system of ongoing family health care, rather than relying on emergency rooms. Agencies provide names and addresses of providers and information about after-hours care and how to obtain medical advice by telephone. The staff

encourage parents to apply for Medicaid or SCHIP health benefits and to keep the child connected with a medical home after the child leaves Head Start.

The staff encourage parents to become active partners in their children's medical and dental health care and to accompany their children to appointments, provide emotional support, and request explanations of medical conditions and procedures. If the schedule of working parents limits their availability for appointments, staff seek night clinics or services at nontraditional times. Parents are encouraged to model healthy behaviors by going to doctors and dentists themselves.

Parents are offered the opportunity to learn about preventive care, emergency first aid, hazards, safety practices, and general health information, and are taught to detect signs of health problems. The staff offer nutrition education, and parents discuss the nutritional status of their child with the staff. Mental health professionals assist parents in promoting a positive mental health environment for children and train them to recognize stress and other risk factors, and how and when to ask for help. The staff offer group opportunities for parents to share experiences and develop solutions to problems with their children, and also provide individual opportunities for confidential discussions about mental health. Efforts are made to acquaint mental health professionals with family concerns and cultural issues.

Child Health and Safety

Head Start aims to support healthy physical development by encouraging practices that prevent illness or injury, and by promoting positive, culturally relevant health behaviors that enhance lifelong well-being. This means that all programs must develop policies and procedures concerning health emergency procedures, conditions of short-term exclusion, medication administration, injury prevention, hygiene, and first-aid kits.

Child Nutrition

Head Start promotes child wellness by providing nutrition services that supplement and complement those of the home and community. Each program's child nutrition services help families meet each child's nutrition needs and establish good eating habits that nurture healthy development.

To do this, programs must provide the following nutritional services: 1) identification of each child's nutritional needs; 2) meal service in center-based programs; 3) help with nutrition for families; and 4) food safety and sanitation protocols.

Child Mental Health

The Head Start regulations around mental health focus on enhancing awareness and understanding of mental wellness and the contribution that mental health information and services can make to the wellness of all children and families. They encourage building collaborative relationships among children, families, staff, mental professionals, and the larger community to design program practices that respond to a child's mental health needs. Programs must also work to educate staff and parents on issues related to mental health.

Ongoing Collaborative Relationships

Agencies are encouraged to form partnerships with health care, mental health, and nutritional services organizations, including local health departments, community health centers, managed care organizations, medical or dental schools, and professional associations. The HSAC can offer information about providers and resources in the community.

Grantee and delegate agencies' discussions with state, tribal, and local officials can lead to local collaborations. Other resources for families include local elementary schools, libraries and museums, providers of child care services, and any other organization or business that provides support and resources

Ongoing Collaborative Relationships— Performance Standard Requirement

*Section 1304.41(a)(2):
Grantee and delegate
agencies must take
affirmative steps to
establish ongoing
collaborative relation-
ships with community
organizations to
promote the access of
children and families
to community services
that are responsive to
their needs and to
ensure that Early Head
Start and Head Start
programs respond to
community needs.*

*Health Services
Advisory Committee—
Performance Standard
Requirement*

*Section 1304.41(B):
Each grantee directly
operating an Early
Head Start or Head
Start program, and
each delegate agency,
must establish and
maintain a Health
Services Advisory
Committee that
includes Head Start
parents, professionals,
and other volunteers
from the community.*

to families. Collaborations with local elementary schools and child care providers can support successful transitions between Head Start and other child care settings and Head Start and elementary schools. In addition, child care collaborations can involve joint training; multiple funding sources for full-day services; shared facilities, resources, and equipment; and coordinated use of transportation.

Services obtained through the local educational agency or another agency for education services to children with disabilities are arranged through a written agreement.

Finally, agencies contribute to community efforts to prevent and treat child abuse and neglect by collaborating with local child abuse prevention programs and with agencies serving children and families affected by physical, emotional, or sexual abuse and neglect, and seek service providers familiar with the culture and language of the families concerned.

Health Services Advisory Committee

A critical component to Head Start's preventive health care system is the local HSAC. This committee includes Head Start parents and staff, health and human services professionals, and other community volunteers who are representative of the racial and ethnic groups served by the local Head Start program. Head Start programs may invite representatives from Medicaid, SCHIP, and managed care organizations in the community to participate in the HSAC. The committee members meet to discuss program issues in the medical, dental, mental health, nutrition, and human services fields.

This advisory committee assists in the development of health policies and procedures and supports Head Start's objective to provide continuous and accessible health care for

children and families. Its members are knowledgeable about prevalent community health problems and can respond to questions from Head Start staff about strategies to address these problems. The HSAC can provide guidelines regarding:

- ◆ Accessing health, dental, and mental health services
- ◆ Serving Head Start children with asthma
- ◆ Setting standards for prenatal care
- ◆ Scheduling tuberculin and lead tests
- ◆ Scheduling dental visits and services
- ◆ Using topical fluoride, water fluoridation, and other dental services
- ◆ Testing and preventive measures for community health problems, including sickle cell anemia, intestinal parasites, fetal alcohol syndrome/effect, baby bottle tooth decay, overweight and obesity, head lice, and hepatitis A
- ◆ Scheduling immunizations in addition to those already planned
- ◆ Discussing the adequacy of local EPSDT services
- ◆ Administering medication and staff physicals

In addition, the HSAC can contribute to the community assessment by responding to questions about the availability of local providers, including managed care providers, changes in Medicaid, the implementation of SCHIP, sources of funding for local health services, and ways to inform community health providers about the health needs of Head Start children and families.

Frequently Asked Questions

Learning about the HSAC

Q: How many times a year should the HSAC meet?

A: The Head Start Program Performance Standards do not specify how many meetings must take place in a year. This decision is best determined on a local level, and depends on what parents need, current health conditions, community health practices and issues, and so forth.

Q: Does a medical doctor need to be on the committee?

A: The Performance Standards do not dictate who must serve on the committee. This is a local decision that depends on the needs of the community, community resources, and so forth. Sometimes a representative for a doctor can make a workable solution.

Q: How many people need to be on the committee?

A: There is no specific number, but the size of the committee should be manageable. Membership should be based on the most recent community assessment. Membership will change as community resources and needs change. For example, it might be appropriate to add a member who is a representative from the SCHIP program, since this low-cost health insurance is available for families with incomes that exceed their State Medicaid income guidelines.

Q: Does the HSAC have to report to the policy council and other advisory committees?

A: This is not a Performance Standard requirement, but it is certainly a best practice. Parents are an integral part of the HSAC and can share concerns of all parents, not just those on the policy council, with HSAC members. The HSAC can offer technical expertise on policies affecting parents (such as exclusion policies) and the community (natural disaster).

Q: If we have a Head Start and an Early Head Start grant, can we just have one HSAC?

A: Yes, as long as there is adequate representation on the committee so that the health needs of pregnant women, infants, and toddlers are addressed along with the needs of preschoolers. Some factors to consider with combining committees are geographic location (travel distance) and whether or not the service area is entirely rural, urban, or some combination of both.

Q: Do we have to have by-laws?

A: No, but they do add an air of legitimacy. This is especially true when the committee needs to represent the program to an outside agency or organization. It also helps when new members need to be added, old members need to be dropped, or officers need to be changed.

Q: Can the Health Services Manager be Chairperson of the HSAC?

A: In the absence of by-laws that state otherwise, the answer is yes. However, a best practice would be that one of the providers or community representatives serve as chairperson. This gives the committee more status with the larger health care community, particularly when it is dealing with a community issue. Otherwise, it may simply appear that the health services manager is asking for something in a different way.

Q: What time during the program year should meetings be scheduled?

A: It is a good idea for the HSAC to meet sometime before the grant application is sent to the Regional Offices for refunding so it can review and comment on the health plan and send it to the Policy Council for final approval. The timing of other meetings are at the discretion of the health services manager and/or chairperson.

Q: Does a person have to attend the meetings to be a member?

A: No. Many health professionals (particularly those who work on a fee-for-service basis) cannot interrupt their busy schedules to attend meetings. This does not mean they cannot be useful to the program. The question to ask here is “are they accessible?” not “are they available?” If the health services manager can pick up the phone and call them when needed, then they should be allowed to serve on the committee. To fully involve them, however, the health services manager will need to send them agendas and materials in advance of the meetings, along with comment sheets that they can send back if they cannot attend.

Q: Should any other staff from the program be a member of the committee?

A: Yes. If health staff rely on social service staff and/or family service workers to do their fieldwork, then these staff persons should be represented. Obviously, nutrition, mental health and disabilities staff members should be there if they are handled by someone other than the health services manager. Also, include members of any other advisory committees your program might have. Involving the director is also helpful. If this is to be a meeting that is important to the community, then it should be important enough for the head of the program to attend. This is good practice.

Q: Must the HSAC approve the Health Plan?

A: No. The HSAC does not have the authority to approve or disapprove a plan. That authority rests with the Policy Council. The HSAC is advisory only. Its role is to review and comment on the plan.

Script from *Weaving Connections*

Opening

(Voice) Richard Black, *Parent*

It kind of makes you feel as if you can cut through a lot of the bureaucracy and whether you just want to walk in and you have something on your mind, you feel a lot more open that you can go and you can speak to anyone about anything.

(Voice) Janet Schultz, *Health and Disabilities Coordinator*

The networking among the membership of the Health Services Advisory Committee is wonderful.

(Voice) Tracey Yee, *Head Start Expansion Director*

You have a canvas, you know, and you can paint what you want on it, and that can be your Health Advisory Committee.

Narrator

Head Start and Early Head Start programs offer high-quality early childhood education, health, and social services along with a strong parent involvement focus to low-income children nationwide.

Head Start sees every community as a fabric made up of tightly woven threads. These threads, the children, families, and community members, weave intimate connections to create a colorful tapestry that reflects its strengths and warmth.

The Health Services Advisory Committee, as required by the Head Start Program Performance Standards, brings together staff, parents, and community members to address emerging health issues; develop plans, poli-

cies, and procedures; as well as mobilize community resources.

The following stories show different actions that Advisory Committees can take to help children, build relationships, advocate for change, empower parents, and strengthen communities.

Dr. Mimi Kanda, *Pediatrician and former Director of Health and Disability Services, Head Start Bureau*

A good Health Services Advisory Committee makes a big difference in terms of the outcomes for the children, for the families, and for the program itself.

You know, really, in a way the sky is the limit, and each program has the latitude to really shape its Health Services Advisory Committee in the best way possible.

Helping Children

Port Gamble, Washington

Narrator

By assisting a Head Start or Early Head Start program in responding to the health needs of a particular child, the Health Services Advisory Committee helps improve health services for all children in the program.

For Christopher and his mother Penny, this support was critical to their lives from the moment of his birth.

Penny Purser, *Parent*

Christopher came to the Head Start at 6 weeks old, and his challenges were from birth. He was born with spina bifida. He had one clubfoot. He had a shunt put in to relieve

A good Health Services Advisory Committee makes a big difference in terms of the outcomes for the children, for the families, and for the program itself.

some of the hydrocephalus around the brain. So he's had a great deal of challenges to overcome and Head Start's been real supportive with everything.

Narrator

Planning and effective communication allow the Health Services Advisory Committee to support staff in responding to children's needs.

Kari Decoteau, *Head Teacher*

I think that just about every person on this reservation knows of his disability and is there to help.

Jaclyn Haight, *Early Childhood Program Director*

Everyone understands the story, and what his needs are, and you work together and troubleshoot along the way.

Penny Purser

The Advisory Committee is there to help and step in and give whatever help and support that they can. So that's just part of our working together.

Danette Ives, *Health and Human Services Director and HSAC Chairperson*

Everybody is pretty much involved with everybody. I think that is how the whole coordination comes along.

Jaclyn Haight

A good example of how the Health Service Committee can help a Head Start or Early Head Start program is, for us it was the purchase of some special equipment that we needed for Christopher. And we had to say okay, these are costs of, it was a ready racer and a stander.

Penny Purser

With the Head Start funds and the contract health service they were able to pull their funding together and get him a set, so

he had the same equipment here that he had at home.

Narrator

The Health Services Advisory Committee in Christopher's community is one part of a team of people who are working to make sure that Christopher, and other children with special health care needs, can have a meaningful Head Start experience.

Ellen Price, *Christopher's aunt*

It's given him the chance to be mobile and to experience things that he may not have otherwise been able to do. And it's given him a sense of independence.

Kari Decoteau

The team of people that work for Christopher. . . everybody cares so much about him. He's just so much a part of this school.

Ellen Price

There's a lot of people out there that really do take care of him, and it takes a lot of people to raise that little boy.

Building Relationships

College Park, Maryland

Narrator

Health emergencies call for immediate action. Health Services Advisory Committees help to ensure that systems are in place to mobilize community resources.

This Head Start program and its committee members work together to develop policies and procedures for health emergencies.

Sandra Carton, *Chief, Migrant and Seasonal Head Start Programs Branch*

Parents suffer a lot of isolation. They frequently don't speak English. And we do use the Advisory Committee as a way to link those parents with the community

and to know that there are members in that community that are interested in their well-being.

Janet Schultz, *Health and Disabilities Coordinator*

Maria and her husband are parents of a 4 - year-old little girl and 23-month-old twin girls. And she is now expecting her fourth child.

Narrator

When Early Head Start staff learned that Maria was at risk of losing her baby, they contacted the partners in the community that the Health Services Advisory Committee had helped them establish.

Maria Hercules, *Parent*

When I started having complications with my pregnancy, she called and asks and went to see me.

Janet Schultz

She was monitored for a few days and was prescribed a medication to prevent premature contractions early in pregnancy.

Maria Hercules

When I start to buy the medicine, it's a little hard because I have to take it every 4 hours. It's expensive medicine.

Narrator

Following the policies and procedures developed by the Health Services Advisory Committee, Early Head Start staff started a plan of action that called on the resources of the committee. The medication was delivered directly to Maria—at no charge.

Maria Hercules

These people, they gave me the medicine for keeping my baby.

Janet Schultz

As a result, we have this wonderful, beautiful, healthy little boy.

Maria Hercules

It was a little hard, but now I'm so happy, you know.

They always, always when I need it, they be with me. That's really great.

Dr. Mimi Kanda

Like many, many other things in Head Start, you know, it's relationship building. It's partnership development. It's patience. And it's the willingness to really work with people and the willingness to listen to people and to be creative.

Advocating for Change

Fairfax County, Virginia

Narrator

The solution to some health policy issues may mean going beyond the local level. This Head Start program used its committee to work with other local programs to form a State Health Services Advisory Committee.

Anne Taggart, *Disabilities Coordinator*

Some things cannot just be solved within your community. It has to be dealt with by the State agencies.

Kimbra Reeves, *Family Service Coordinator*

Sometimes the people on the local level don't have the power, they don't have enough power, where when we take it to the State we get more answers.

Anne Taggart

We have at our local community level, we have Health Service Advisory Committees. Then we also have representatives who go to our State Health Advisory Committee.

Male dentist at state-level HSAC meeting

So for every dollar that came in from Medicaid, the dentist was about losing 25 percent . . .

Anne Taggart

The Medicaid reimbursement rate for dentists was extremely low. Our families were trying to get access to dental services. They were looking in the larger community for dentists who accept Medicaid. There was not that many dentists that were taking Medicaid.

Narrator

The local Health Services Advisory Committee took this issue to the statewide committee for action at the state level. Head Start staff, parents, and health care providers, and others, worked together to convince the State to increase the Medicaid rates. This allowed families to have greater access to oral health care.

Dr. Valsala Pal, *Public Health Dentist*

Since the Medicaid reimbursement was higher, I was able to get specialists to help me out with handling these children.

Narrator

Parents like Richard care deeply about the quality of oral health services their children receive. Parents participate on the committee to make sure their voices are heard.

Richard Black, *Parent*

It makes you feel really good to know that they have people here who are in the forefront and almost pioneers on issues like this. It just lets you know that even at the grass roots level if you start small this can be something that can have a big effect nationwide.

Empowering Parents

Seattle, Washington

Narrator

This Health Services Advisory Committee empowers parents by teaching them about the health care system and how to make it work for *their* children.

Marty Varela, *Peer Health Educator and Past Policy Council Chair*

The Health Services Advisory Committee is doing something that's really unique, and that's that they're taking a problem that seems like it belongs to a certain group, and they're exposing it. You know, they're shedding light on it.

Tracey Yee, *Head Start Expansion Director*

Our Health Advisory Committee helped us write a grant, and a few of those members sort of became a Peer Health Committee, and we wrote a grant all around helping parents teaching other parents how to navigate the health care system.

Shannon Blas, *Peer Health Education Program Manager*

We train Head Start parents. They learn to navigate through the managed care system and how to partner with their doctor. Then they go back to their sites and they do what's called a teach back.

Tracey Yee

When we tell them they're going to get up in front of a group of other parents, a lot of them say, "I can't see myself doing that."

But then, you know, weeks later, they are doing it, and the response they get from their parents that they're teaching, I think, is so wonderful, that they really do become energized.

Marty Varela, *at teachback to group*

In the description it says, “How big is the gash?”

Narrator

Parents like Marty actively participate on the committee and help teach other Head Start families to understand the health care system.

With three small children of her own, Marty knows how difficult it can be to manage the health care of children.

Marty Varela

This program has given me some information and it’s just like, you know, you’ve got a secret and you want to tell as many people as possible.

They’re much more willing to listen to you, because they perceive that you are one of them, and I am. I am, first and foremost, a Head Start parent.

Tracey Yee

To hear parents say that they are advocating for themselves in their doctor’s offices, and that they’re carrying histories of their child’s health with them, from provider to provider, or when they move. . . For us to hear that, I think, is the biggest success.

Dr. Stuart Shorr, *Pediatrician and HSAC Peer Health Subcommittee Member*

There’s a lot of personal satisfaction. I find that I’m able to use my pediatric expertise to help make certain policies and give certain guidelines, which are beneficial to preschoolers.

Marty Varela

I think the most important component of Head Start is that they’re not trying to do it all by themselves. They’re collaborating with community members.

Strengthening Communities

Washington, DC

Dr. Mimi Kanda

Because Head Start has such a strong emphasis on prevention, then the Health Services Advisory Committee’s mission is not just to address problems as they arise, but to be very proactive, and to think of prevention and early intervention and how wonderful things can be made to happen in the community.

Bontivia Ben, *Parent*

I have three kids. I have one is 1-year-old, 3, and 7.

Narrator

Bontivia’s children were suffering from a health problem that had broader implications for the entire community.

Bontivia Ben

They were tested at their regular health assessment, and I was called a couple of days later and they told me that their lead level was high and that they needed to be re-tested, and my house needed to be checked.

Narrator

Bontivia, a member of the Health Services Advisory Committee, informed the community about this community problem.

Bontivia Ben, *at HSAC Meeting*

I had a problem with them coming out. I called, I talked to the Director of Lead and he informed me that they had a backlog. But as far as being a parent and other parents, there should have been some kind of communication of letting you know that there is a backlog or what is going on. Nobody told me anything.

Dr. Habib Shariat, *Director, Ambulatory Pediatrics, Howard University Hospital, and HSAC Co-Chair*

We have like about 20, 25 members coming from different areas of the community. Bringing their expertise, listening to the needs of the community members.

Deborah Byrd, *Head Start Director*

As advocates in this community, that that's totally unacceptable. We will not accept that they have a backlog.

Leslie Johnson, *Head Start Director*

Most of the homes are over 60 and 100 years old. So the chances are that anyplace you live there is lead-based paint.

Bontivia Ben

They just boosted me more to call because I wouldn't have called on my own. So or I probably just waited 'til somebody might have called me back.

Theresa Shivers, *Chief, Health Maintenance and Special Needs Branch*

The parent becomes her own advocate. I don't have to be there to hold her hand. But I do have to be there to be a role model to give her an example to go by.

Bontivia Ben

The people encouraged me to keep calling, so I did. And I got a great response back.

Right now, I'm happy to say that everything is in process. Last week someone from the lead department came and did an evaluation of the whole house to do the estimate so everything could be fixed that needs to be fixed.

And I'm happy to say too that their lead level has gone down tremendously.

Narrator

By bringing the resources of the Committee to focus on the issue, the whole community will now benefit from Bontivia's actions.

Theresa Shivers, *at HSAC Meeting*

What about all those other parents out here who don't have anyone else to march down or walk with them down this road.

Leslie Johnson

I would like to see this group maybe put that on the burner as an issue to be addressed.

Bontivia Ben

Participating in more meetings it gave me the strength and the courage to speak up.

Dr. Janet Unonu, *Director, Nutrition and Health, and HSAC Co-Chair*

When she goes to the meetings now and speaks to other parents, and that's what we really want to see. Because she is the one that is going to make that change in her community.

Bontivia Ben

It turns out that they really are happy that I am there, and that they can find about more things that goes on in parents' lives and their kids' lives so they can find a better way of helping people.

Closing

Dr. Mimi Kanda

The more you can engage people in the community and one group brings another in, and before you know it you know you have a whole tapestry of people involved. This is something that's bigger than any one of us, and that really has such an impact for the future.

Narrator

The Health Services Advisory Committee:
helping children, building relationships,
advocating for change, empowering parents,
and strengthening communities.

Weaving connections that create a healthy
future for children and families.

Credits—Final Voices

Theresa Shivers

Doors begin to open up in your own mind
about my goodness, I didn't realize how
much power we have. My goodness, I
didn't realize how many lives get changed.
My goodness, I didn't realize how many
health issues come out.

(Voice) Robin Brocato, *Health
Specialist, Head Start Bureau*

It's dynamic. It's responsive. It involves
parents.

(Voice) Tracey Yee

I think the role of parents becomes really
important because they are the voice of
their reality.

(Voice) Richard Black

It makes you feel really good to know that
your kid is going to get the quality care.

The Training Modules



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*“You have a canvas, you know, and you can paint
what you want on it, and that can be your
Health Services Advisory Committee.”*

Tracey Yee, Head Start Expansion Director

Modules At-a-Glance

Module	Steps	Time	Handouts
Module 1: Designing the Tapestry— <i>Developing a Mission for the HSAC</i>	Step 1: Conduct a health priorities survey	Several weeks	Handout 1.1: Sample Health Priorities Survey Handout 1.2: Health Priorities Summary Form (1) Handout 1.3: Health Priorities Summary Form (2) Handout 1.4: Definitions Handout 1.5: Mission Statement Core Questions & Mission Statement Dos and Don'ts
	Step 2: Gather existing information about health issues and program health systems	Several weeks	
	Step 3: Identify your common purpose	2 hours	
	Step 4: Write a vision statement	30 minutes	
	Step 5: Write a mission statement	35 minutes	
	Step 6: Develop goals and objectives	35 minutes	
Module 2: Choosing the Threads— <i>Evaluating Your Membership and Developing a Recruitment Plan</i>	Step 1: Prepare the materials	1 hour	Handout 2.1: Illustration of "health connections" blanket Handout 2.2: Recruitment Checklist
	Step 2: Prepare the training room	15 minutes	
	Step 3: Weave a "health connections" blanket	40 minutes	
	Step 4: Analyze gaps and develop recruitment goals	20 minutes	
	Step 5: Make a plan for building new relationships	30 minutes	
	Step 6: Admire your beautiful blanket!	5 minutes	

Module	Steps	Time	Handouts
Module 3: Gathering the Threads— <i>Recruitment and Orientation of HSAC Members</i>	Step 1: Get people to the table	Several weeks	Handout 3.1: Identifying Health Services Advisory Committee key players
	Step 2: Gather information about your audience	25 minutes	
	Step 3: Watch <i>Weaving Connections</i>	25 minutes	
	Step 4: Get excited about your HSAC!	35 minutes	
	Follow-up	Several weeks	
Module 4: Piecing the Quilt Together— <i>Making the HSAC Work</i>	Step 1: Make a PACT for an effective meeting	35 minutes	Handout 4.1: PACT definitions Handout 4.2: HSAC planning and scenarios Handout 4.3: Ways to make meetings matter
	Step 2: Make a PACT for effective follow-up	35 minutes	Handout 4.4: Coping with challenging group members Handout 4.5: Tips for managing conflict
Module 5: How Warm Is Your Blanket?— <i>Evaluating Effectiveness and Planning Next Steps</i>	Step 1: Create an evaluation plan	20 minutes	Handout 5.1: Evaluation Basics Handout 5.2: Evaluation Models Handout 5.3: Sample Evaluation Plan
	Step 2: Ask the right questions for your program	20 minutes	
	Step 3: Practice a process evaluation	45 minutes	
	Step 4: Decide how to use the evaluation information	15 minutes	

Module 1: Designing the Tapestry

Developing a Mission for the HSAC



This training module presents activities and resources to help Head Start and Early Head Start programs develop a unique mission for their Health Services Advisory Committee (HSAC). Just as each child and family's strengths and needs are unique, the strengths and needs of each community and each program are unique. The HSAC, therefore, needs a unique mission and objectives that serve its specific community and program. The intended audience for this training activity is Head Start and Early Head Start staff who are responsible for the HSAC in their program. The training activity can also include the participation of Head Start and Early Head Start parents, HSAC members, and other Head Start and Early Head Start managers and staff.

Training Objectives

After using the resource materials and completing the activities in this module, the Head Start staff person(s) responsible for the HSAC will be able to:

1. Develop and update a mission statement for the HSAC that:
 - ◆ Is consistent with the mission of the grantee
 - ◆ Fits the unique role this committee plays in the Head Start or Early Head Start agency
 - ◆ Fits the role this committee/program plays in the community
2. Coordinate a planning process for the HSAC each year that:
 - ◆ Includes parents, staff, and current HSAC members
 - ◆ Clarifies and updates the agency's goals for the HSAC
 - ◆ Uses data from the self-assessment, ongoing monitoring, community assessment, the Program Information Report (PIR), and PRISM

"You know, really, in a way the sky is the limit, and each program has the latitude to really shape its Health Services Advisory Committee in the best way possible."

Dr. Mimi Kanda, former Director of Health and Disability Services, Head Start Bureau

Self Assessment

What are some questions each program might ask as they begin to think about developing a mission and objectives for their HSAC?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from, and what your first steps should be.

Self Assessment Questions

- ☐ What is the mission of our HSAC?
- ☐ When was the last time that the mission, goals, and objectives were revised and updated?
- ☐ Do our staff and families know the mission of the HSAC?
- ☐ How do our HSAC mission, goals, and objectives relate to the larger mission of the Head Start program?
- ☐ What process is used to create specific, achievable objectives that make the mission real?
- ☐ How do our HSAC mission, goals, and objectives relate to program, family, and community needs?

Dr. Arnold Crayton, the MCH director for Kraft County says: "My program gets as much out of my participation on the HSAC as Head Start does. Head Start knows that I need them to help get out important health messages to Head Start families, and they need me to keep them linked into the health services community. We both benefit."

Intended Audience

This learning activity offers a plan or process that a health services manager or health management team at a Head Start or Early Head Start program can use to develop a mission for the HSAC. It is not intended to be an outline for a single workshop activity or in-service training. The steps outlined may take several weeks and culminate in an HSAC retreat to develop a mission statement. The first audience is the health services manager or health management team who will implement the process. Through these activities, other managers and members of the HSAC will be involved. Some of the steps will need to be done over time by the staff person(s) who manage the HSAC, and others are group activities.

Materials

You will need the following materials for the activities in this module:

- ◆ Copies of Handouts 1.1-1.5
- ◆ The video *Weaving Connections* and a television and VCR
- ◆ A flipchart and markers

Activity Introduction

Before a weaver begins to thread her loom, she knows what she wants the final product to look like. She plans carefully to set her warp and weave in just the right way to achieve her design. After all, unless she knows what she wants the tapestry to look like, the actions of her loom are aimless. Planning and designing a unique mission and objectives for your HSAC allows the actions of your members to be focused toward achieving the outcomes they desire for children and families. In this activity, we will outline a set of steps your program can take to arrive at a unique vision and mission statement and goals and objectives for your HSAC.

Step 1: Conduct a Health Priorities Survey

Who: Health services manager

Time: Completed over several weeks

Setting the mission of a Head Start or Early Head Start program, and the mission of its HSAC, is ultimately the responsibility of that agency's managers. However, because Head Start practices shared leadership, the input of families as well as staff and community health professionals should be part of the development process. The task in step 1 is to gather and organize the input of parents, staff, and community members about their health priorities.

The Head Start managers and HSAC members who create the HSAC vision and mission statement and goals and objectives respond to the priorities and needs of the parents, staff, and larger community. Sometimes, what a program thinks parents need or want is different from what parents say they need or want. To learn what the priority health issues are of parents, staff, and community health workers you have to ask them. A health services manager can distribute a simple survey and organize the results so that the team working on the mission statement is informed. **Handout 1.1** is an example of a simple survey to use with parents, staff, and community health partners. A survey of this kind can be used in several ways. It can be handed out to parents for

them to respond in writing and drop the response into a box at centers or group socialization events. If parents are not comfortable writing their responses, the questions can be asked verbally at center meetings or socializations and the facilitator of those groups can list the answers on one form to turn back in to the health services manager. The health services manager can then collect all the responses into a summary form that looks something like **Handout 1.2**. Make a note of which responses are mentioned most frequently. Don't edit or leave out any responses. Surveys are most successful when:

- ◆ They contain only few questions, and these are brief and direct.
- ◆ Respondents have the opportunity to answer and return the questionnaire right away. If they take it away with them they are less likely to return it.
- ◆ It is clear why they are being asked for this information and how it will be used.
- ◆ There is some incentive for completing the survey (for example, take a treat when you drop the completed survey in the box).

June River Valley's HSAC traditionally met twice a year. At one meeting they were presented with the annual self-assessment and at the second they provided planning input for the program's health fair. They were having a hard time with retention of HSAC members. Gail, the health services manager, began doing "exit interviews" with members who were not attending, and learned that they did not feel that the agenda of the HSAC was relevant to community health priorities. In response, Gail conducted a series of staff and parent discussion groups about health priorities. As a result, the program, and the HSAC, became more proactive about two health issues that the community was concerned about: the impact of pesticide runoff on local water quality and managing the increase in childhood asthma. As a result of this focus, the HSAC is reinvigorated and attendance at meetings and participation between meetings is way up!

Step 2: Gather Existing Information About Health Issues and Program Health Systems

Who: Health services manager

Time: Completed over several weeks

The community assessment and annual self-assessment are important sources of information. Follow these steps to identify your program's strengths, areas for improvement, and any health issues:

- ◆ Review your most recent self-assessment and community assessment data to identify health issues.
- ◆ Look at PIR and monitoring data to identify consistent areas of strength in health services delivery. Are there areas of noncompliance that relate to health issues?

Record this information on **Handout 1.3**. Next, put together a packet of information that includes the information gathered in **Handouts 1.2** and **1.3** and other important background materials. The health services manager and HSAC members can use this information to develop an HSAC vision, mission, and goals and objectives in the following steps.

Step 3: Identify Your Common Purpose

Who: The HSAC membership, the Head Start or Early Head Start management team, and Parent and Policy Council representatives

Time: 2 hours, with breaks as needed

Call a special meeting of the HSAC to develop (if you don't have one) or revise and update (if you have one that needs refining) your mission statement and objectives. This might be called a "retreat" and may be longer than the usual HSAC meeting. Invite others whose input is important; for example, the Head Start or Early Head Start director, a representative from the Policy Council, and so forth. The goals of the retreat are to end the day with a specific HSAC mission statement, and if time allows, some long- and short-term goals and objectives. Steps 3 through 5 outline activities to help participants draft a HSAC vision and mission statement that reflect shared values.

- ◆ For each participant at the meeting, prepare a packet with the results from steps 1 and 2, and the Head Start program mission statement. If the program does not already have a mission statement, the HSAC can use the overall mission of Head Start (**Handout 1.5**) as a starting point. The unique mission of the HSAC must remain consistent with the mission of the program overall.
- ◆ If the group has not already seen it, begin the meeting by showing *Weaving Connections*. Point out that one of the messages the video carries is that the HSAC can be whatever the program needs it to be.

For more on developing and communicating a mission for your Head Start or Early Head Start program, see Module 3 of the National Training Guide, *Leading Head Start into the Future*.

- ◆ The next portion of the process will be an individual reflection exercise for each participant at the “Mission Possible” retreat. Post the following questions on an overhead projector or flipchart so that everyone can see them:
 1. Why do you participate in Head Start?
 2. What is your vision for health and wellness for families in the Head Start and Early Head Start community?
 3. What can the Head Start or Early Head Start program do to make that vision a reality?
 4. What can the HSAC do as part of the Head Start and Early Head Start program to make that vision a reality?

Ask each participant to take 10-15 minutes to respond to the posted questions. Participants can respond by writing, drawing, or simply thinking about their own response.
- ◆ Next, ask participants to break into small groups of three or four. Groups should include participants from a variety of roles; no group should be all parents, administrators, or community partners. In small groups, start by sharing each individual’s response to the first question. Remembering why we, as individuals, participate in Head Start is a good starting point because it asks everyone to get in touch with their own passion and purpose. Each person should take no more than two minutes to share why he or she is a member of the Head Start community.
- ◆ Staying in small groups, ask participants to share their responses to questions 2, 3, and 4.
- ◆ Based on the individual responses, ask each group to identify common themes in their responses. This will be the basis for your vision statement.

Step 4: Write a Vision Statement

Who: The HSAC membership, the Head Start or Early Head Start management team, and Parent and Policy Council representatives

Time: 30 minutes

The next step is to actually write your vision statement. A vision statement defines your dream for how the world should look.

Your goal is to write a vision of Head Start’s role in health that each group member can agree on. Each group’s task is to compose a brief statement that defines its collective vision of health and wellness in Head Start and Early Head Start. Have flipchart paper posted in the front of the room so each group can write their collective vision for everyone to see. Refer participants to **Handout 1.4** for definitions of vision and mission.

When each small group has posted its vision statement, bring the groups together to read them. Often, there are themes or pieces of each vision that are common to the whole group. Take these common threads and use them to create a vision statement about health and wellness in Head Start and Early Head Start that all the participants can support.

Step 5: Write a Mission Statement

Who: The HSAC membership, the Head Start or Early Head Start management team, and Parent and Policy Council representatives

Time: 35 minutes

A mission statement should define your purpose, services, values, and consumers. Staying in groups, pass out **Handout 1.4** and have each group use what they've just discussed to answer the following questions:

1. What is the purpose of the HSAC? (purpose)
2. What does the Committee do? (services)
3. What are the core beliefs of your HSAC? (values)
4. Who does the Committee serve? (consumers)

Now, ask each group to build on common themes in its responses to write a mission for the HSAC that all members can all agree on. The mission must be consistent with the vision for health and wellness articulated by the entire group. Have flipchart paper posted up at the front of the room so each group can write its HSAC mission for everyone to see.

When each small group has posted its mission statement, bring the group together to read them. Just as the group did with the vision statement, use the common themes from the groups to write a mission statement for the HSAC that all stakeholders (HSAC members, Head Start and Early Head Start management, parents) can agree on as a shared mission.

After the group has written a draft mission statement, check the statement against **Handout 1.5**, "Mission Statement Dos and Don'ts," and revise accordingly.

Congratulate yourself! While there may be other steps in adopting a mission that are specific to your program, you have created the core of your HSAC mission statement. Record it on the "HSAC At-a-Glance" chart located in the Resources section.

Step 6: Develop Goals and Objectives

Who: The HSAC membership, the Head Start or Early Head Start management team, and Parent and Policy Council representatives

Time: 35 minutes

Now that you have a vision and mission statement, it's important to develop goals and objectives for your HSAC so you can put your mission into action.

Goals are statements of the results you hope to achieve; for example, educating families about the health care system.

Objectives are the steps that you plan to take to achieve these goals, such as offering two training classes to parents by the end of the program year about how to navigate through the health care system.

It's important that objectives are specific, measurable, action-oriented, realistic, and time limited. See **Handout 1.4** to see the relationship between a mission, vision, goals, and objectives.

As a group, review the information gathered in **Handouts 1.2** and **1.3** and draft a set of goals and objectives for your HSAC that will help you achieve the vision of health you have for children and families in your community.

For more on creating clear goals, see Module 3 of the Training Guide *Planning and Reviewing for Success*.

Handouts

Handout 1.1: Sample Health Priorities Survey

Handout 1.2: Health Priorities Summary Form (1)

Handout 1.3: Health Priorities Summary Form (2)

Handout 1.4: Definitions

Handout 1.5: Mission Statement Core Questions & Mission Statement Dos and Don'ts

Sample Health Priorities Survey

Check one of the following:

I am a: _____Head Start parent

_____Head Start staff member

_____Community health partner

1. The three most critical health issues in our community are:
2. The three most critical health issues for Head Start children and families are:
3. Describe how, at its best, Head Start and Early Head Start should be contributing to the health of children and families in our community.

Health Priorities Summary Form (1)

	Parents	Staff	Community Health Partners
Top Health Issues for the Community			
Top Health Issues for Head Start and Early Head Start Children and Families			
How Head Start and Early Head Start Should Contribute to Health and Wellness			

Health Priorities Summary Form (2)

	Strengths	Areas for Improvement	Health Issues Identified
Self-Assessment Data			
Community-Assessment Data			
PIR Data			
Monitoring Data			

Definitions

Vision: The dream or picture of how you want the world to look. We cannot get there until we can dream it.

Mission: A brief statement of the organization's purpose. Overall, the mission of the Head Start and Early Head Start programs is to increase the social competence of children from birth to age 5 from low-income families. Each individual Head Start and Early Head Start program has a mission that is consistent with that overall goal. The mission of a HSAC must be consistent with the mission of its program.

Goals: Statements of results that the organization strives to achieve. Each goal supports the mission of the program. For example, a goal of a Head Start program that serves the mission of supporting social competence might be that every enrolled child is fully immunized or that each child in Head Start has access to a print-rich environment at school and home. While a program has one mission, it may lead to multiple goals and objectives.

Objectives: Statements that describe the actions an organization will take to achieve the desired results. Good objectives are specific, measurable, action-oriented, realistic, and time limited.

Example of the relationship between vision, mission, goals, and objectives

Head Start's Mission

Head Start and Early Head Start partner with families to increase the social competence of children 0-5.



HSAC Vision

Healthy children in healthy families in healthy communities.



HSAC Mission

The HSAC supports the development and maintenance of systems within the Head Start and Early Head Start program that are responsive to community health needs and that help families and children achieve better health outcomes.



Goal

Every child from this Head Start and Early Head Start program will be fully immunized at kindergarten entry.



Objective

There will be an intake and tracking system in place to assess the immunization status of every enrolled child within 45 days of Head Start and Early Head Start entry.



Objective

Family service staff will discuss immunizations and the existence of a medical home with each family whose child's immunizations are not up-to-date and have a plan for an immunization within 30 days of completed assessment.

Mission Statement Core Questions

In short, a mission statement should identify who you are and why you do what you do. Your mission statement should identify your organization's purpose, services, values, and consumers. To begin drafting your mission, try answering the following questions:

1. What is the purpose of the Health Services Advisory Committee (HSAC)? (purpose)
Your answer to this question should include a definition of the problem the HSAC hopes to address and how it hopes to affect it.
2. What does the HSAC do? (services)
3. What are the core beliefs of your HSAC? (values)
In other words, why does your HSAC do what it does?
4. Who does the committee serve? (consumers)

For example, this is Head Start's overall mission statement:

The overall goal of Head Start and Early Head Start is to bring about a greater degree of social competence [purpose] in the young children of low-income families [consumers]. Social competence refers to the child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life. It takes into account the interrelatedness of cognitive and intellectual development, physical and mental health, and nutritional needs [values]. Key principles of Head Start and Early Head Start include the following [services]:

- ◆ Comprehensive services
- ◆ Parent involvement and family focus
- ◆ Community partnerships and community-based services

Based on Head Start Program Performance Standards and Participating in the Management Process, a Training Guide for the Head Start Learning Community

Mission Statement Dos and Don'ts

Do:

Keep it brief and simple.

Include your passion and energy.

Keep communication value in mind—people should be able to understand your mission statement without a lot of explaining.

Keep the focus on the big picture—a mission statement, while it may evolve, should not be so responsive to immediate issues that it becomes obsolete in a year.

Don't:

Describe everything Head Start does.

Create unrealistic expectations. If you know you can't do it, don't say you will.

Forget to get input from everyone who needs to make the mission real in their work.

Forget to use it to inspire, communicate, and maintain focus.

Module 2: Choosing the Threads

Evaluating Your Membership and Developing a Recruitment Plan



The resources and activities in this module should help a program identify the key health players in the community and develop a strategy to recruit members for their Health Services Advisory Committee (HSAC).

Training Objectives

After completing the activities in this module, the Head Start and Early Head Start staff person(s) responsible for the HSAC will be able to:

1. Describe and celebrate the network of community health partnerships it currently enjoys
2. Identify those areas where additional partnerships would be beneficial to the program and to Head Start and Early Head Start families
3. Develop a plan to identify and recruit members to form a committee that:
 - ◆ Responds to community needs
 - ◆ Includes leaders in community health
 - ◆ Includes parents, staff, and community members
 - ◆ Provides useful advice and guidance to the agency in its mission to serve children and families

“There’s a lot of people out there that really do take care of him, and it takes a lot of people to raise that little boy.”

Ellen Price, Christopher’s aunt

Self Assessment

What are some questions each program might ask as they begin to think about recruiting members for their HSAC?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self Assessment Questions

- ☐ What is our program's recruitment strategy for community advisory committees?
- ☐ Are we able to attract who we want or who "we get?"
- ☐ How do we identify the key players in health care services to children and families in this community? Are they "at the table" for Head Start?
- ☐ How do we currently orient new members? How do we evaluate that orientation?

"I've been with Head Start for almost 10 years, and the membership of the HSAC has needed to shift with the times. I never would have dreamed we would have an obstetrician and an HIV educator sitting around that table—but now with the programs we are offering and the families we serve—that is who needs to be there."

Urban Agency

Intended Audience

The following activity can be conducted with the current membership of the HSAC and other interested members of the Head Start and Early Head Start community, especially parents, the management team, and content area experts.

Materials

You will need the following materials for the activities in this module:

- ◆ Multicolored construction paper—preferably in eight different colors
- ◆ A corkboard and tacks or pins

Activity Introduction

Once a weaver chooses a design, she must find the colors and textures of fabric that will make her tapestry not only beautiful, but also strong. As Head Start and Early Head Start programs weave an effective HSAC, they must identify and recruit members of the community who will enable the committee to effectively address the program's health priorities.

Step 1: Prepare the Materials

Who: The trainer

Time: About an hour of preparation time before the training workshop

In this activity you are going to make a “blanket” of health providers in your community. To do this, group participants will weave strips of construction paper together; the horizontal ‘threads’ will represent general categories of health providers, and the vertical ‘threads’ will represent specific providers in those categories (see **Handout 2.1** for illustration).

While each community is unique, each community’s health categories will probably include:

1. Primary health care providers for children from birth to age 5
2. Primary health care providers for women who are pregnant and/or postpartum
3. Nutrition services, such as WIC and Food Stamps
4. Early childhood mental health
5. Adult mental health
6. Emergency services, such as housing assistance, domestic violence services, child protective services
7. Pediatric dental health

8. Health services for any prominent language or cultural group in your area that is not well served by the mainstream providers.

If you can, try to get at least eight different colors of construction paper—one for each category listed above. If you can identify additional categories, try to get additional colors of construction paper.

Prepare for the activity by cutting and labeling strips of construction paper in the following way:

- ◆ Strips about 4 inches wide by 3 feet long, preferably in as many colors as you have categories. Next, label each wide strip with a category of health services (such as the ones listed above). There should be enough strips so that each one can be labeled with one category of basic health services that Head Start and Early Head Start families use.
- ◆ Narrow strips about 1 inch wide by 3 feet long in as many different colors as there are wide strips.

Step 2: Prepare the Training Room

Who: The trainer

Time: 15 minutes

Once you have the strips of construction paper cut and labeled, it’s a good idea to set up the room you will be training in beforehand. To make assembling the “health connections” blanket easier, pin the wide, horizontal strips to a corkboard about three inches apart. This will make vertically “weaving” in the narrow strips much easier. (See **Handout 2.1** for an illustration.)

“Our program serves 10 rural counties in the Northern Plains with several hundred driving miles between sites. HSAC members from communities a long way from the Administrative site had a hard time making it to meetings on a regular basis. Last year we went to video teleconference meetings at four sites, and that has made recruitment much easier.”

Rural Health
Services Manager

Crane Valley Head Start knows that the HSAC members have busy schedules. Quarterly meetings are held over breakfast and start and end exactly on time. The agenda and any background materials are mailed out one week in advance.

For more on recruiting, see Module 4 of the National Training Guide *Community Partnerships: Working Together* and Module 3 of the Training Guide *Sustaining a Healthy Environment*.

Step 3: Weave a “Health Connections” Blanket

Time: 40 minutes

The task of the group is to weave together a blanket of health connections. The large strips representing the health categories are like the fixed threads on a loom. The narrow strips are the threads that we will use to weave with. Assign a color of narrow strips for each fixed thread. For example, if your adult mental health provider category is on a red wide strip, the name of your local provider in this category should be written on a red narrow strip.

Break up into groups and assign each group one or two health categories. Give each group the narrow strips of construction paper that correspond to their health category. For example, if a group is responsible for pediatric dentists, and that category is written on a red wide strip of construction paper, give that group the narrow red strips to work with.

Next, ask the groups to brainstorm a list of local providers in their health category and write those names on their narrow strips of construction paper. Ask partici-

pants not to limit their list of providers; have them include providers even if they have no relationship with your Head Start program at the current time.

Now it's time to weave your blanket! Have each group go to the corkboard where the wide category strips are posted and weave their narrow strips into the blanket.

For a narrow strip to be “woven” into the blanket, it must be labeled with the name of a specific provider or agency in the community where an established relationship with Head Start or Early Head Start exists. This might be a well functioning referral relationship, a formal Memorandum of Understanding (MOU), a representative that provides training, or co-located services. As specific agencies where well functioning relationships are labeled, they can be “woven” into the blanket. If the group can identify important providers or agencies where there is not currently a well-functioning relationship, label the narrow strip and set it aside.

Step 4: Analyze Gaps and Develop Recruitment Goals

Time: 20 minutes

When the blanket is “woven” with all the strips where relationships exist, stand back and take a look at what you have created. As a group, discuss the following questions:

- ◆ Are there any established relationships with health providers that we haven't included?
- ◆ Are there any “colors” that are missing or under-represented?
- ◆ Do the variations in color on the blanket correspond with the community

health priorities? For example, if mental health has been identified as a priority area, are there enough narrow strips of construction paper in that category? If not, how can more of that “color” be woven into the blanket?

Now ask the group to look at the pile of narrow strips that have been labeled with providers or agencies where there is not a well-functioning relationship with Head Start or Early Head Start. As a group, talk about the following issues:

- ◆ Which of those providers or agencies are likely candidates to have a mutually beneficial relationship with the Head Start or Early Head Start program?
- ◆ Of those, which ones represent a category of service that is pertinent to one of the Head Start community's health priorities?

- ◆ Of those, which represent a category of service that is currently under-represented on the HSAC?

These are priority candidates for recruitment onto the HSAC, or, if that is not currently an option, another kind of relationship with the Head Start or Early Head Start program. Use **Handout 2.2**, the Recruitment Checklist, to record who you hope to recruit.

Step 5: Make a Plan for Building New Relationships

Time: 30 minutes

For each health provider with whom you would like to establish a nurturing relationship, the group should consider who in the current Head Start community should be assigned the job of building the new relationship. This might be a current HSAC member, a Head Start or Early Head Start parent, or a staff person. Record this information on **Handout 2.2**, the Recruitment Checklist, to keep track of the health partners you wish to recruit, and who will be responsible for contacting each candidate. In **Module 3**, you will use this handout to keep track of how this process is progressing. Has initial contact been made? Has someone followed up on that contact? What are your next steps, such as an orientation?

Next, have the group brainstorm to help the assigned recruiter develop a plan to approach the candidate.

- ◆ Brainstorm ways that a relationship with this provider or agency might benefit Head Start.
- ◆ Brainstorm ways that a relationship with Head Start or Early Head Start might benefit this provider or agency.

- ◆ Brainstorm about the types of materials and information to send prospective HSAC members. How will these materials be different than the ones you use with parents? (See the Resources section of this guide for a sample brochure for community members.)
- ◆ Brainstorm what to say during a first phone call to introduce the idea of participating on the HSAC.
- ◆ If the first contact goes well, make sure the recruiter is clear on what the candidate's next steps should be. For example, who from Head Start will call them? When is the first meeting? When can they come visit a center?
- ◆ Have a goal for when each of the priority candidates on narrow strips will be contacted, and a goal for when those strips can be "woven" into the Head Start health partnership blanket.

You can also use some of the techniques described in **Module 3** to encourage staff, parents, and community members to participate on your HSAC through an orientation meeting.

"Until the Head Start program invited me to serve on the HSAC I had no idea how comprehensive the Head Start Program Performance Standards were! I am much more active than I used to be in encouraging my public health nurses to make connections with Head Start."

Public Health Nursing
Supervisor

Step 6: Admire Your Beautiful Blanket!

Time: 5 minutes

Take some time to appreciate how rich and complicated the network of relationships with community health partners is. Congratulate yourself for all the work and commitment that this reflects.

Frequently, the level of effort required to maintain community partnerships, e.g., going to meetings, responding for requests for information, and being visible at community forums, is not factored into anyone's workload. Assigning names to each narrow strip as the designated "maintenance person" for those relationships is one way to make that workload visible and explicit.

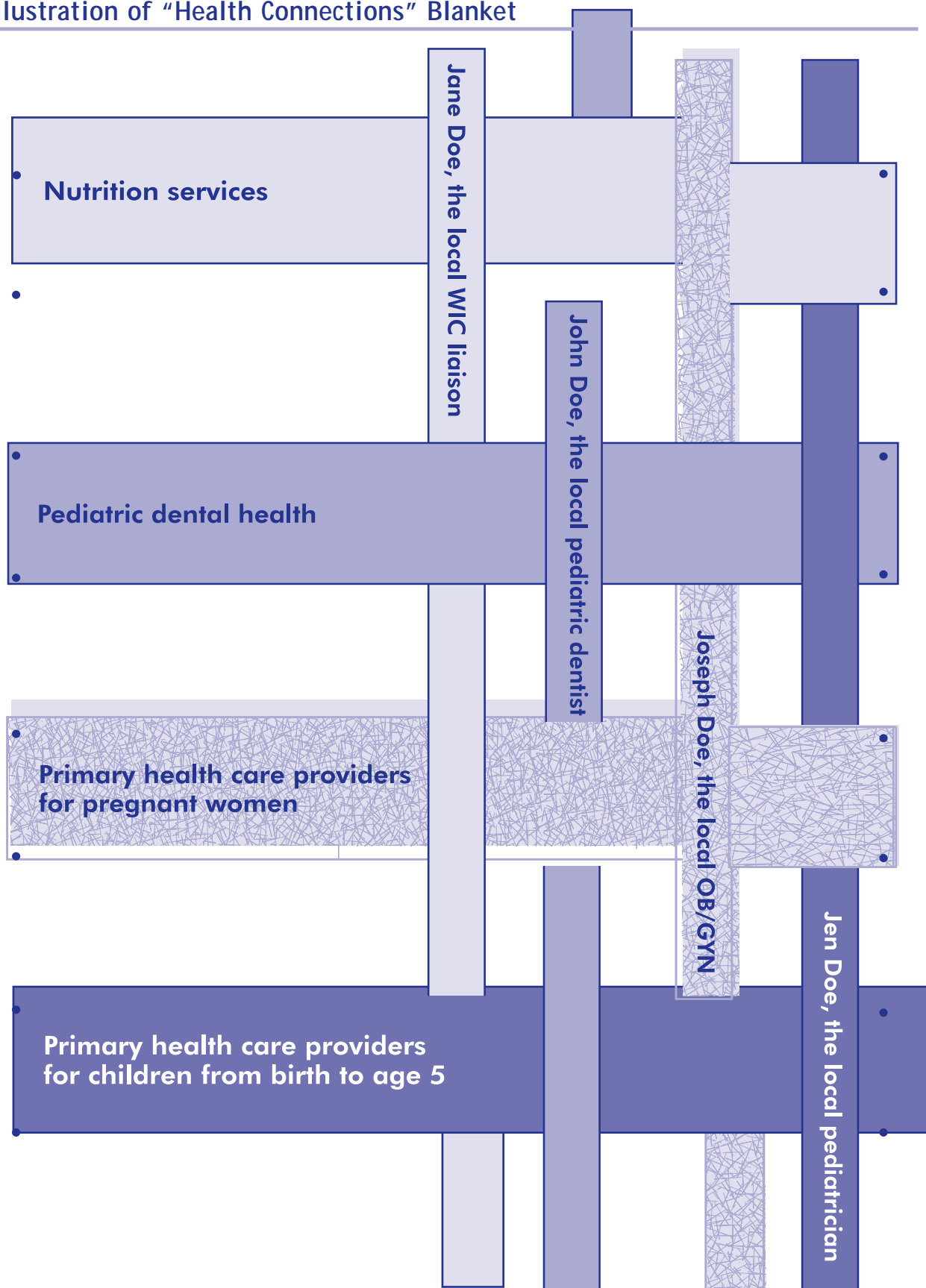
When assigning recruiters to new providers or agencies, remember to take advantage of informal and naturally occurring relationships. Perhaps it has always been the job of the health services manager to attend the local immunization coalition meeting, but one of the parents is a health activist who has been doing community health outreach for them. Perhaps it makes more sense for that parent to represent Head Start at that forum.

Handouts

Handout 2.1: Illustration of "Health Connections" Blanket

Handout 2.2: Recruitment Checklist

Illustration of “Health Connections” Blanket



Health Category	Provider	Person Responsible for Liaison	Initial Contact	Follow-Up	Next Steps
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Module 3: Gathering the Threads

Recruitment and Orientation of HSAC Members



The *Weaving Connections* video tells the story of five different Head Start Health Services Advisory Committees (HSACs). And even though they all have the same goal—improving health outcomes for children and families—you will notice that each one is different in its scope and design. This is because every community is also different and unique. Use *Weaving Connections* to help you develop your HSAC into a committee as unique and beautiful as the community it serves.

You can use this video in a number of ways, including:

- ◆ To encourage staff to participate on your program's HSAC and to brainstorm ideas for improving its services to children and families
- ◆ To help recruit both parents and community members

This module includes a few ideas for using *Weaving Connections* with different audiences. Use them as a starting point for thinking about how to get staff, parents, and community members excited about becoming an active member of your local HSAC!

Training Objectives

After using the resource materials and completing the activities in this module, Head Start and Early Head Start staff members, parents, and community members will be able to:

- | | |
|---|--|
| 1. Identify the key characteristics of a Health Services Advisory Committee, including: | 2. Identify reasons why being a member of an HSAC is important, including: |
| ◆ Who participates on the committee | ◆ What they can contribute |
| ◆ How it fits into the health services offered to Head Start's children and families | ◆ How the HSAC can affect a community |
| ◆ When and how often the committee meets | ◆ How they can affect the HSAC |

"Doors begin to open up in your own mind about my goodness, I didn't realize how much power we have. My goodness, I didn't realize how many lives get changed. My goodness, I didn't realize how many health issues come out."

Theresa Shivers, Chief, Health Maintenance and Special Needs

Self Assessment

What are some questions each program might ask as they begin to think about recruiting members for their HSAC?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self Assessment Questions

- ☐ What is our program's recruitment strategy for community advisory committees?
- ☐ How do we currently orient new members? How do we evaluate that orientation?
- ☐ What strategies do we use to make parent members feel welcome and valued?
- ☐ What opportunities do we offer HSAC members to observe and participate in Head Start classrooms and/or homes?

Intended Audience

The following activities can be conducted with three different audiences:

1. **Staff Members.** Use these activities during an in-service training to get staff members excited about participating on your local HSAC.
2. **Parents.** As the primary educators and caretakers of their children, it is important to get parents involved in improving health outcomes for their families. You can use these activities to orient parents to the importance of the HSAC, and the benefits that being involved can offer.
3. **Community Members.** Getting community members involved with your local HSAC is often a challenge. Medical professionals are busy people with many commitments. Use these activities to give them an introduction to Head Start and Early Head Start and HSACs in a way that will get them excited and show them the potential their involvement has to offer.

Materials

You will need the following materials for the activities in this module:

- ◆ A flipchart and markers
- ◆ A television with a VCR
- ◆ The video *Weaving Connections*

Activity Introduction

Once the weaver has the design for her tapestry and has decided which threads to use, she must gather these threads and prepare them for weaving.

In the same way, if potential HSAC members are not prepared to work on the committee, if they are not excited and enthused about how their work can affect the lives of children and families, then their work will probably be less effective. If committee participants have a passion for their work from the beginning, they are more likely to stick with it through the less exciting and rewarding times.

Step 1: Get People to the Table

Who: Health services manager

Time: Over several weeks

You will need to spend some time, both on the phone and in person, convincing people that they should come to a meeting introducing your HSAC. Most people lead very busy lives, so this will probably not be an easy task. Below are some general techniques that you can use to get staff, parents, and community members interested in learning more about your HSAC. Use the list of health providers you made in **Module 2** on **Handout 2.2** as a place to start your recruitment efforts.

Staff members

Take a day and offer several showings of the *Weaving Connections* video. Staff will be even more willing to come if food is provided, either by your program or in the form of a pot luck.

Parents

As you know, there can be challenges to getting busy parents to attend meetings. Even though many parents may be interested in finding out more about being involved on your HSAC, they are often just too busy to come to an orientation. Try loaning them a copy of the *Weaving Connections* video, so they can watch it at a time that's convenient to them. For a home-based program you can do steps 2-4 during a socialization.

Another possible challenge is parents who do not speak English. The *Weaving Connections* materials are available in Spanish, and for families who speak another language, try finding translators who could participate in an orientation meeting, such as clinic staff, Head Start staff, or other parents.

Also, make sure to give a copy of the video to your Policy Council, so that it can be shown at the next meeting.

Community members

Community members and health providers can be a challenging group of people to reach, especially if you don't have any previous contact with the people you want

to recruit. One of the first options to try is making a phone call introducing yourself, your program, and why you would like them to join your HSAC. If you're having a hard time getting people on the phone, try sending them a letter inviting them to join your committee. For an electronic example of such a letter, refer to the recruitment letter on the CD-ROM that accompanies the *Weaving Connections* kit. For instructions on how to use this letter, refer to the Resources section. You can also refer community members to the *Weaving Connections* Web site at www.acf.hhs.gov/programs/hsb/connections/index.htm.

Another resource is your Head Start-State Collaboration Office, which will probably have information on people in your area who have an interest in improving health outcomes for children and families. For a list of State Collaboration Offices, refer to the Resources section.

Your State Collaboration Office can also give you information about health-related meetings in your area. One way to get people excited about coming to your HSAC meetings is to go to their meetings!

Participate on commissions, task forces, or advisory boards at the state and local levels to influence these bodies on behalf of Head Start and Early Head Start children and families.

For example, most states have a State Children's Health Insurance Program (SCHIP) planning committee and state Title V advisory committee. These com-

For more about encouraging parent involvement, see the National Training Guide *Engaging Parents*.

For more about working with the community, see the National Training Guide *Building Supportive Communities* and Modules 1 and 2 of the Training Guide *Communicating with Parents*.

For more about working with SCHIP and Medicaid, refer to *Head Start, Medicaid, and CHIP: Partners for Healthy Children*.

mittees get together to, among other things, write their state plans. Head Start and Early Head Start staff can provide valuable input into the state planning process by explaining the needs of Head Start and Early Head Start children, providing examples of past barriers to services, and of-

fering assistance in drafting modifications to plans that tailor services to the needs of low-income families in the state. They also can seize opportunities to emphasize Head Start's willingness to coordinate activities with other service providers.

Step 2: Gather Information About Your Audience

Time: 25 minutes

Steps 2-4 are activities to do during an HSAC orientation meeting. These activities focus on using the video *Weaving Connections* as a recruitment tool.

Before viewing *Weaving Connections*, use this activity to get the group familiar with one another and to get a feel for their experience with Head Start, Early Head Start, and HSACs. Below are three sets of questions you can use with staff, parents, or community members to get them thinking about Head Start and Early Head Start and their role in health services. Record participants' answers on a flipchart. Don't worry if participants don't know the answers; hopefully, after working through the steps in this module, staff, parents, and community members will have a much better understanding of your Head Start or Early Head Start program and your HSAC.

For staff

- ◆ What is Head Start and Early Head Start's role in the health of its children and families?
- ◆ What is your role?
- ◆ How can the HSAC help you accomplish this?
- ◆ Who participates on this committee?
- ◆ Why should you participate?

For parents

- ◆ What do you expect from Head Start and Early Head Start health services?
- ◆ What is your role in Head Start and Early Head Start's health services?
- ◆ How can you get involved?
- ◆ What does the Head Start Health Services Advisory Committee do? What kinds of things can it accomplish?

◆ Who participates on this committee?

For community members

In addition to questions about HSACs, ask community members to brainstorm about what they know about Head Start and Early Head Start. Use participants' answers to these questions to decide if you need to give a brief overview of Head Start and Early Head Start and their services before playing the video. If so, you can show the PowerPoint presentation about Head Start and health services and hand out copies of your personalized Head Start brochure (see the *Weaving Connections* CD-ROM for these resources) and briefly discuss your program.

- ◆ What services do Head Start and Early Head Start provide?
- ◆ What segment of the community does it serve?

- ◆ How do Head Start and Early Head Start support the health of its children and families?
- ◆ How can community members get involved in Head Start and Early Head Start?
- ◆ What is a Health Services Advisory Committee? What kinds of things can it accomplish?
- ◆ Who participates on this committee?

Step 3: Watch *Weaving Connections*

Time: 25 minutes

For all viewers

Pass out **Handout 3.1**. As participants watch *Weaving Connections*, ask them to fill out the chart identifying the key players on each HSAC featured, their contribution to the success story, and if this success story could have happened without their contribution. Also, request that they pay particular attention to the differences among the HSACs featured. Participants will probably notice that each HSAC is as unique as the community it serves!

Step 4: Get Excited About Your HSAC!

Time: 35 minutes

Broaden your understanding of HSACs

Once the video has finished, ask participants about their initial reactions.

- ◆ Was there anything that surprised you?
- ◆ Was there anything that made you excited or enthusiastic?

Then ask participants to add to the list that you drafted as a group before watching the video.

- ◆ What can your local HSAC accomplish that you hadn't thought about before?

As a group, talk about who the participants listed as "key players" on **Handout 3.1**.

- ◆ Who did you list as a "key player" whom you hadn't thought of before (such as dentists, parents, and so forth)?
- ◆ Do you think each HSAC could have been as successful as it was without the unique contributions of these key players? Why? Why not?

- ◆ Were most of the key players Head Start and Early Head Start staff, or was parent and community involvement also important?
- ◆ Do you think that Head Start and Early Head Start staff members could accomplish the work of their HSAC on their own?

Next, brainstorm about the role of each HSAC. Ask participants questions such as:

- ◆ What impressed you the most about the role of the HSAC in each story?
- ◆ How was the HSAC in each story different? How were they the same? Do you think every HSAC has to be the same? Why? Why not?
- ◆ How can the HSAC help you in your work towards positive health outcomes, whether it be for yourself and your family or for others in the community?

For more on including parents and community partners, see Module 1 of the National Training Guide *Partners in Decision Making* and Module 1 of the Training Guide *Communicating with Parents*.

How you can help

Now spend some time talking about how participants can become involved, or increase their involvement, in their local HSAC.

- ◆ Can you think of a situation where a HSAC could have helped you, or where you could have been helpful to the HSAC?
- ◆ Why is it important that HSAC members represent the entire community? How could you contribute?

Provide a detailed description to your audience of how your local HSAC functions, including:

- ◆ Roles and responsibilities of HSAC members, parents, and community members
- ◆ Times and dates that the HSAC meets
- ◆ Membership of your HSAC

Finally, before you end your session, ask participants if they have any other questions about your HSAC. Provide contact information for people in your program who could spend some time answering specific questions and provide more information.

Follow-up

Time: Completed over a follow-up period of several weeks

- ◆ Put together a packet of information on Head Start that can go to HSAC candidates describing the history and mission of Head Start and celebrating special features and recent successes of your program. You can use the brochure from the *Weaving Connections* CD-ROM (see the Resources section for instructions on using the brochure). Tailor the information to fit your program, or create your own brochure that represents who you are and your goals.
- ◆ If members of the HSAC have not visited Head Start classrooms, try to schedule a visiting day or open house where they can see Head Start in action.

Handouts

Handout 3.1: Identifying Health Services Advisory Committee Key Players

Identifying Health Services Advisory Committee Key Players

As you watch *Weaving Connections*, use the chart below to record the “key players” on each Health Services Advisory Committee featured in the video. These are the people who you feel made a significant impact on the course of each story. Also record their contribution to the committee and whether you think the success story could have happened without this person.

Key Players (i.e., Head Start staff, parents, community members)	Contribution(s)	Could this success story have happened without this person?

Module 4: Piecing the Quilt Together

Making the HSAC Work



What makes Health Services Advisory Committees (HSAC) work? First, it is important to develop the mission, goals, and objectives for the committee and articulate it well. Second, the Head Start and Early Head Start programs invite specific community members to join the HSAC, and welcome parent participation. Now, it's time to attend to the operation of the committee. A healthy and effective HSAC will have people working well together, communicating effectively, using their time efficiently, following through, and being accountable for the decisions they make. All of those things take planning and strong facilitation and organizational skills. When they do happen, goals are achieved, and the members of the committee feel a sense of purpose and satisfaction that helps them stay involved. Because there are many resources available that focus on the mechanics of running an effective meeting, this module focuses on the PACT model (see page 59) for effective meeting planning and follow-up.

Training Objectives

After using the resource materials and completing the activities in this module, the Head Start and Early Head Start staff person(s) responsible for the HSAC will be able to:

1. Plan and run effective HSAC meetings that will help improve health services for children and families
2. Maintain effective HSAC involvement, use HSAC members' time and energy effectively, and deal with common challenges
3. Maintain communication between the HSAC and others by:
 - ◆ Ensuring understanding of HSAC activities by other committees and groups in the agency
 - ◆ Providing two-way communication between parents and the HSAC

"Our HSAC meets every other month, and on the off month I send out a brief action update by e-mail to each of the members. I think it is important to let them know how we are using the information and recommendations they made at the last meeting, and it only takes about 30 minutes. It's respectful to let them know that we not only value, but act on, their contributions."

-Head Start Health Services Manager

"I think the Health Services Advisory Committee is doing something that's really unique, and that's that they're taking a problem that seems like it belongs to a certain group, and they're exposing it."

Marty Varela, parent

Self Assessment

What are some questions each program might ask as it begins to think about how effectively their HSAC is working together?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from and what your first steps should be.

Self Assessment Questions

- ☐ How do we know that our HSAC meetings are accomplishing what we need them to?
- ☐ What do we do to ensure that the meeting environment is conducive to expressing and respecting different perspectives?
- ☐ What is our conflict resolution strategy?
- ☐ How have we agreed to come to decisions, for example, consensus and voting?
- ☐ If HSAC members leave the committee, what do we do to find out what they thought about the experience?
- ☐ What are we doing to ascertain if current members feel as though their time is being well spent? What are we doing to find out if current members feel as though their contribution is valued?
- ☐ To whom do we communicate our actions? What do we do to make sure that our written communications are effective?
- ☐ How do we involve the HSAC in our operations or policy-making between meetings?

For more on meeting mechanics, see Module 2 of the National Training Guide, *Community Partnerships: Working Together* and Units 3A and 3C of *Head Start Moving Ahead, a Competency-Based Training Program*.

Intended Audience

This learning activity is for HSAC members or Head Start and Early Head Start staff who have responsibility for health areas. It is intended to be used following training on meeting facilitation skills. It will be most effective if used with people from different agencies; for example, in a cluster meeting sponsored by a technical assistance provider or at a conference. However, if this is not possible, the learning activity can be used within your program with your HSAC members. The goal is for participants to reinforce their understanding of basic meeting organization, and to share strategies for effective HSAC activities beyond meetings.

Materials

You will need the following materials for the activities in this module:

- ◆ A flipchart and markers

Activity Introduction

This activity introduces the PACT model for effective meetings and for meeting follow-up. The word pact comes from “compact” which means “to make an agreement or covenant between two or more parties.”

When a community partner agrees to serve on a Health Services Advisory Committee, a pact is made where s/he agrees to contribute time, expertise, and passion, and the Head Start program agrees to put that contribution into action to serve the community's children and families. The PACT model is one way of building competencies to honor the pact between HSAC members and Head Start and Early Head Start programs.

We are using the acronym PACT in two ways: first, in planning *before* a meeting, and second, in the follow-up *after* a meeting.

Making a PACT for Effective Meetings

PACT for *before* meetings is a planning acronym reminding HSAC leaders of the elements for effective meetings. It stands for:

P = Purpose

A = Agenda

C = Chairperson or facilitator

T = Team ground rules

Making a PACT for Effective Follow-up

PACT for *follow-up* is an acronym reminding HSAC leaders of the elements for effective meeting follow-up. It stands for:

P = Plan of action

A = Accountability

C = Communication

T = Timely follow-up

Step 1: Make a PACT for an Effective Meeting

Time: 35 minutes

Begin the activity by distributing **Handout 4.1** and introducing the planning acronym PACT.

Using a flipchart, write PACT down the left side of the paper. Divide your group into teams of four or five. Try to have people from different agencies or with different perspectives on each team.

Ask each team to read one of the scenarios in **Handout 4.2(b)**. Next, ask them to work through the questions listed on **Handout 4.2(a)** to determine how an HSAC could help the health services manager deal with the situation.

Ask the group to help you outline how to plan *before* the next HSAC meeting to make sure there is a clear **purpose**, **agenda**, designated **chairperson** or facilitator, and **team ground rules**.

- ◆ What is the **purpose** of the meeting?
- ◆ What is the **agenda**? What are the key topics, speakers, time limits, and expected outcomes?
- ◆ Who will serve as the **chairperson**?
- ◆ What are the **team ground rules**? Though these do not need to be developed before each meeting, they should be understood by all group members and revisited frequently to ensure that they remain relevant to the group's work.

Have each group share their PACT, and as a group, verify that all of the elements of PACT are included.

Rockland Community Action Head Start asks site directors to take turns as facilitator at HSAC meetings. The facilitator meets with the health services manager before the meeting to review the agenda. At the meeting, she is responsible for facilitating the discussion, keeping the group on task, and time management. Site directors know more about the HSAC and are building their management and facilitation skills. The health services manager feels that she can participate more fully without worrying about both participating and facilitating.

For more on building and maintaining effective teams, see Module 2 of the National Training Guide *Cultivating Successful Management Teams*.

Step 2: Make a PACT for Effective Follow-up

Time: 35 minutes

Now you have the framework for a good meeting of the full HSAC. The next step is to determine how HSAC members can help you with follow-up *after* the meeting.

Return to your groups, and use the scenarios to discuss how the follow-up PACT acronym can be used to develop a plan for effective follow-up. Have each group go through the questions on **Handout 4.2(a)** for the follow-up PACT.

- ◆ What is the **plan of action**?
- ◆ Who is **accountable** for which steps in the plan? Emphasize that there are different roles for the Head Start staff person and the HSAC members.
- ◆ What **communication** is essential among the people who are carrying out the plan?
- ◆ What is the **timeframe** for carrying out the plan? At what point will you re-evaluate what you have achieved and make plans for what could come next?

Encourage the groups to be creative, to draw upon their experiences with situations like these, and to build the scenario as needed.

Next, ask each group to share its PACT with others. Invite the whole group to offer suggestion on ways to improve the PACTs.

Points to Reinforce

- ◆ The **planning** stage should identify the problem clearly, and should clearly outline what role the HSAC can play in solving it.
- ◆ **Accountability** is critical to good committee work. The staff person must be responsive, resourceful, and able to motivate. The committee members must see that their work is valued. They might also need to be stretched a bit to think about whom else might be involved.
- ◆ **Communication** will take place among the committee members and with the community at large. Check that the group has plans for different types of communication. At what point does the work of the committee need to be shared with other managers, staff, and parents in the Head Start and Early Head Start programs?
- ◆ Committee members usually need short **timeframes** and concrete tasks to conduct their work. Staff will need to check in within a week or two, share information among the committee, and make adjustments in plans.

Handouts 4.3, 4.4, and 4.5 are additional resources for running an effective meeting.

Handouts

Handout 4.1: PACT Definitions

Handout 4.2: HSAC Planning and Scenarios

Handout 4.3: Ways to Make Meetings Matter

Handout 4.4: Coping with Challenging Group Members

Handout 4.5: Tips for Managing Conflict

PACT Definitions

Making a PACT for Effective Meetings

- P** Every meeting has to have an effective **purpose** that is clear to all its participants. Meeting because you feel you have to is one purpose, but not one that inspires effective action.
- A** Each meeting needs to be guided by an **agenda**. A good agenda serves as a road map for the meeting and allows participants to arrive prepared and able to contribute. Elements of an effective agenda include a list of key topics, leaders and speakers, time limits, and expected outcomes.
- C** The **chairperson** or facilitator is responsible for keeping the team on task. While each chairperson brings an individual style to the job, an effective chairperson needs to: (1) clarify the purpose of the meeting; (2) make sure that all participants have a chance to contribute; (3) keep the group on task and on time; (4) summarize agreements and lead the group to shared decision making; and (5) bring closure to each agenda item.
- T** **Team ground rules** are necessary for maintaining a climate that allows for effective work. Team ground rules should be generated by the group and specify meeting behavior that each member agrees to help enforce. Common ground rules include listening respectfully, staying within time limits, and arriving promptly. It can be especially helpful to have ground rules about how to handle conflict and divergent opinions. Ground rules do not need to be developed before each meeting, but they should be revisited frequently to make sure they are understood by the group and that they remain relevant to the group's work.

Making a PACT for Effective Follow-up

- P** Most agenda items should result in a **plan of action** describing what will be done as a result of the discussion and decisions that take place at a meeting. It is discouraging to attend meetings where discussion never leads to action. An effective facilitator pushes the group to define what actions need to occur to resolve the issue under discussion.
- A** After a plan-of-action is in place, someone needs to track **accountability**. This means making sure that for each plan-of-action there is a designated person who agrees to act and a timeframe defining when that activity will occur. Between HSAC meetings the facilitator checks in with members and staff to remind, encourage, and support them so that plans are implemented.
- C** The HSAC's work can be invisible without a conscious effort to **communicate** with the Head Start community. An agenda item for each HSAC meeting should be to discuss what items or actions from the meetings need to be communicated to policy council and governance structures, staff, families, and community health providers.
- T** Finally, a good facilitator plans for **timely assessment** of the group's work. This can start with a simple check about the process of the meeting and move on to a formal plan to evaluate participant's satisfaction and the effectiveness of the HSAC's actions in supporting the program's health and wellness goals.

HSAC Planning

The Meeting PACT

Imagine that you are the convener of a Head Start Health Services Advisory Committee (HSAC). You are faced with one of the scenarios on the opposite page and are planning a meeting to respond. For each scenario you choose, respond to each of the following questions:

1. What might the role of the HSAC be in this situation? If you called a meeting to respond to the issue, what would the purpose of the meeting be? How would you communicate that purpose to the committee?
2. Create an agenda for the meeting. Are there agenda items that would require members to prepare ahead of time? If so, how far ahead of time would you need to get the agenda out? Do you need to assign pre-meeting tasks? What outcomes or results would you hope for from this meeting?
3. What would your tasks be as the chairperson of this meeting?
4. What ground rules would you try to establish as meeting chair?

The Follow-up PACT

Imagine that the meeting has finished and an effective meeting has occurred. Still using your scenarios, how would you respond to the following questions to make sure that follow-up occurs?

1. What decisions made at the meeting lead to an action that needs to happen between meetings? What elements need to be in a plan of action?
2. Who should be responsible for each element in the plan of action? What is it about this person's role that make him or her suitable to be responsible for this action?
3. Who in the community needs to know about this plan? How are they going to be contacted? Who is going to contact them?
4. When will the plan of action be carried out? When will it be reevaluated?

Scenario 1

Your agency has had a Head Start grant for many years. However, you've recently begun Early Head Start (EHS) services. You need to learn about services to pregnant women. You know that many expectant mothers in your community are having a difficult time affording the medications, vitamins, and healthy food recommended by their physicians or midwives. You don't know what other barriers to healthy pregnancy might be faced by newly enrolled EHS families. How could the HSAC help?

Scenario 2

Reviewers have just left your agency. Questions 9A and 9B have been assessed to have substantial findings. These are the findings written by the reviewers:

- ◆ Ten of the twelve focus children had incomplete immunization records in their files; on interview none of the three health aides could describe the system for tracking immunizations and 15 of 20 parents interviewed described receiving ad hoc health care services from hospital emergency rooms.
- ◆ Based on parent information gained through the Family Group Interview, parents are not given sufficient information on building healthy practices in their families. Several parents stated that they had asked (through their centers' parent committees) for education related to healthy eating and dental health. Staff identified posters in centers with such information, but told us that there was no follow-up. Meals served at centers did not meet the Dietary Guidelines, and during observations in classrooms, we saw four lunches served that were very high in fat: hot dogs, chili with fatty meat, hamburgers, and frozen pastries. None of these meals included any fruits or vegetables.
- ◆ Eleven of the twelve focus children observed during this review had problems with dental caries. Two of the children had dental problems severe enough to be easily observable (teeth rotted). Each of the children had a documented screening, but in no record was there any reference to follow-up care. The Family Service staff for each of the children told us that it is difficult to find dental care in this area, and they had no way of helping the families.

How could the HSAC help?

Scenario 3

There are many families living near a busy street, which also runs close to your center. Recently, a child was hit there. The child is an older sibling of a Head Start child. Medical providers on your HSAC have not been interested in advocacy on this safety issue; parent members are shy about bringing it up. Many parents (outside of HSAC members) are pushing for some action from Head Start. The health services manager is overwhelmed. How could the HSAC help?

Scenario 4

Your Head Start director and policy council are happy to let all health work be the job of the health services manager. They are pleased that there are no problems with health records, and that lesson suggestions are provided to the teachers about health topics. However, everyone has noticed a prevalence of obesity among children, parents, and staff. People don't want to deal with it. Could the HSAC be helpful?

Scenario 5

Recent waves of immigration to your area have brought Tuberculosis (TB). People are scared. A consultant for your agency said that everyone needs TB tests three times a year, and that children from families where TB is present are a danger to other children. Staff want to know if they are at risk working with these children. How could your HSAC help?

Ways to Make Meetings Matter

Rank yourself and your team on how well you perform these tasks.

low (don't do this well) 1 2 3 4 5 **high** (do this well)

- _____ 1. Have a reason to meet. It is not enough to *meet just because we have always met*. There are seven important reasons for having a meeting:
 - ◆ Sharing information
 - ◆ Collecting ideas
 - ◆ Planning action
 - ◆ Solving problems
 - ◆ Making decisions
 - ◆ Implementing new plans and goals
 - ◆ Providing feedback
- _____ 2. Be prepared. Be clear about the agenda and have your work ready to share. Make certain the appropriate people are present.
- _____ 3. Check in. Give each participant who desires it time to make a brief statement expressing how he or she is feeling. This technique can be used at the beginning of a meeting or to get the reactions of individuals to a *challenging* discussion.
- _____ 4. Be fully attentive and participate. If it is important to be at the meeting, it is important to remain active in the discussion. Using meeting time to catch up on paperwork, sort files, or read memos can communicate a detachment you may not intend to convey.
- _____ 5. Assume a positive intent. Assume everyone present shares the mission of the group, desires to contribute in positive ways, and intends to support one another. A positive attitude is one of the most important ingredients in a successful meeting.
- _____ 6. Listen for understanding and speak with clarity. Listen first to understand what is meant. Listen to words and observe feelings expressed through body language. Ask questions until you fully understand. Clearly articulate your ideas, insight, response, or critique.
- _____ 7. Remain "charge neutral." Charge neutral means remaining calm and clear in your tone and physical presence. No matter what you feel, do not allow emotions to cloud your interaction. You can communicate a lot of information when calm.
- _____ 8. Strive for team decision-making. Seek to understand all points of view and make a decision that all members can live with and will support when the meeting is over. One method of team decision-making is building consensus. Teams fully discuss problems, understand perspectives, and work to reach the best team solution possible.
- _____ 9. Get closure. Do not move from a topic until everyone present understands the next step. Be clear about issues and decisions, such as the next meeting date.
- _____ 10. Critique briefly. Discuss what went well and what can be done to make the next meeting more effective.

Coping with Challenging Group Members

Characteristic	What to Do
The Silent One <i>This person just can't seem to speak up, but may have much to offer.</i>	<ul style="list-style-type: none"> ◆ Address by name and invite thoughts, ideas, input on "easy" questions. ◆ Say to group: "I'd like to hear from everyone in turn. Let's start with Mark and go around the group." ◆ Pay attention to nonverbal cues. ◆ Make a point of talking to this person during breaks.
Monopolizer <i>High need to hear herself talk.</i>	<ul style="list-style-type: none"> ◆ "That's a good point . . . Now let's hear from some others." ◆ "Could we talk about this more at the break?"
The Arguer <i>Not just healthy disagreement, but constant quibbling.</i>	<ul style="list-style-type: none"> ◆ Invite group reaction: "Would anyone like to comment on what Norma just said?" ◆ Paraphrase or reframe the arguer's comments in a more helpful or positive light. ◆ Ask if everyone can agree to disagree, and then move on. ◆ Agree with the arguer when you realistically can. ◆ If the arguer turns hostile, stay cool. "I can see you have strong feelings about this. Would you be interested in hearing how I/group members feel about this?"
The Rambler <i>Not on the same page with the others.</i>	<ul style="list-style-type: none"> ◆ Interject with "That's an interesting story; I'm not sure that it applies here. The issue here is . . ." ◆ Use same redirectors as with the Monopolizer.
The Griper <i>Assumes everyone else is as unhappy with everything as he.</i>	<ul style="list-style-type: none"> ◆ Acknowledge complaints noncommittally. "I see. You have a point." ◆ Invite suggestions: "What do you think you could do about that?" ◆ "You've raised some interesting issues. What do the rest of you think about this?"
The Misinformer <i>Provides incorrect information</i>	<ul style="list-style-type: none"> ◆ "Does anyone else here have any information on this?" ◆ "I understand that some people have believed <i>so and so</i>, and we've recently learned that (provide correct information)."
The Chatty One <i>Chats cozily with neighbors.</i>	<ul style="list-style-type: none"> ◆ Stop the group. "It's difficult to hear when side conversations are going on." or "We agreed that one of our ground rules would be to only have one conversation at a time." (<i>If that's true!</i>)

Tips for Managing Conflict

Conflict is about personal and organizational differences and preferences. All collaboratives experience conflicts. Conflict can be managed by:

Understanding Responses to Conflict. It is critical for partners to understand how they, as individuals, respond to conflict. People tend to respond to conflict in a number of ways. Each way has its benefits and drawbacks and strikes a different balance between personal concerns and the concerns of others. Typical responses include:

- ◆ *Competing:* Focusing on winning, regardless of the cost to others.
- ◆ *Accommodating:* Neglecting one's own concerns and focusing, instead, on the concerns of others.
- ◆ *Avoiding:* No one's concerns are dealt with. Instead, conflict is sidestepped or put onto the back burner until a better time, or not at all.
- ◆ *Compromising:* Used by people who look for a middle ground—a way to give all partners some of what they want or ask for.
- ◆ *Win-win:* Seeking a solution that satisfies the concerns of everyone.

Identifying Sources of Conflict. Uncovering conflict and pinpointing its source are two more steps toward conflict management. Typical sources of conflict include previous difficulties between organizations or partners, vagueness about the collaborative's mission, low trust and/or power struggles among partners, little or no concrete proof of progress, lack of authority to act, or too many competing demands on partner time. You can bring a masked conflict to the surface and get people talking about how to resolve it by:

- ◆ Asking questions such as, "What's happening here?" or "What's on everyone's mind?"
- ◆ Initiating a discussion about the real source of a conflict

Learning to Be Unconditionally Constructive. Being unconditionally constructive encourages the other side to act constructively in return. Here are some key points to remember:

- ◆ Think about your response before acting. Respond to the issue, rather than reacting to your emotions.

- ◆ Try to understand the situation from the other person's point of view.
- ◆ Communicate clearly and briefly. Do not monopolize center stage.
- ◆ Listen carefully and ask questions to clarify (not attack) the other person's position.
- ◆ Keep an open mind and look for potential points of agreement.
- ◆ Practice backing away and letting the group process determine the action.
- ◆ Do not ignore hostile actions but try to identify the underlying issues and bring them to the surface.

Creating a Conflict Resolution Process. Some tips on resolving conflict include:

- ◆ Go back to the collaborative's mission with the question, "If we want these results, what must we do about this conflict?"
- ◆ Get everyone's views on what the conflict is and possibilities for resolving it.
- ◆ Search actively for a compromise or a win-win solution.
- ◆ If settlement of a conflict seems impossible, agree to disagree while continuing to work together.
- ◆ Call a meeting for the sole purpose of resolving the conflict or dispute.
- ◆ Appoint a subgroup to study options for resolving or managing the conflict.
- ◆ Get a third-party facilitator or mediator involved in finding a solution to the conflict.
- ◆ Establish rituals for forgiveness and healing.

Adapted from Atelia Melaville and Martin Blank with Gelareh Asayesh, Together We Can: A Guide for Crafting a Profamily System of Education and Human Services (Washington: D.C.: U.S. Dept. of Education and U.S. Dept. of Health and Human Services, 1993).

Module 5: How Warm Is Your Blanket?



Evaluating Effectiveness and Planning Next Steps

Throughout *Weaving Connections*, the goal has been to help programs make sure that the Health Services Advisory Committee (HSAC) is an effective tool to support the program in achieving health and wellness outcomes for children and families. But how does a program know if it is doing that? Making that assessment requires a planned and systematic process of evaluation. Evaluation is always best accomplished when it is considered from the very beginning. Starting out with a shared mission and well articulated goals and objectives lays the groundwork for an evaluation that tells the program what it needs to know to make mid-course corrections and to celebrate its successes!

Training Objectives

After using the resource materials and completing the activities in this module, the Head Start and Early Head Start staff people responsible for the HSAC will:

1. Have a clear understanding of the different types of evaluation and appropriate evaluation questions for their HSAC.
2. Be able to identify sources of information and information gathering methods to answer the evaluation questions posed.
3. Be able to use the information gathered during the evaluation effectively and appropriately.

“Our program has really taken on the focus on child outcomes. Our HSAC has been very helpful in linking us up with community data that can tell us how our families are doing on important child health outcomes data. I don’t think we would have known how to begin on this without the HSAC.”

-Head Start Director

“It just lets you know that . . . even at the grass roots level if you start small this can be something that can have a big effect nationwide.”

Richard Black, parent

Self Assessment

What are some questions each program might ask as it begins to think about evaluating their HSAC?

Before beginning this module, ask yourself the following questions about your program's HSAC. These are open-ended, reflective questions that may need some time and discussion with others to answer. Answering these questions will give you an idea of where your program is starting from, and what your first steps should be.

Self Assessment Questions

- ☐ What is our program's system for evaluating the process and effectiveness of the HSAC?
- ☐ What do we do to ensure that evaluation results are incorporated into planning so we support success and learn from mistakes?
- ☐ How do we identify what the HSAC is accomplishing?
- ☐ How do we know that our HSAC activities are serving our mission and goals?
- ☐ What strategies do we use to communicate our outcomes to parents, staff, and the larger public health community?
- ☐ Who in our program is responsible for evaluating the work of the HSAC?
- ☐ What strategies do we use to evaluate how members of the HSAC feel about their participation?

Intended Audience

This activity will be useful for an HSAC or a committee in the HSAC that is charged with developing an evaluation plan. This training activity will work best with a group whose HSAC has already completed the module on developing a mission statement and/or comes into the activity with a shared mission statement and clearly defined goals and objectives. If your group is not at this point, we recommend first completing **Module 1**.

Materials

You will need the following materials to complete the activities in this module:

- ◆ Copies of **Handouts 5.1-5.3**

Activity Introduction

The facilitator can review the background material on evaluation in **Handout 5.1** and decide how much of it to present and discuss with participants. For some groups, this information may be too basic and for others it will be a good foundation to begin from.

Step 1: Create an Evaluation Plan

Time: 20 minutes

After reviewing the types of evaluation, lead a discussion asking the group which types of evaluation make most sense for your HSAC. In most cases, a comprehensive plan for evaluation includes activities answering questions from each type of evaluation.

Step 2: Ask the Right Questions for Your Program

Time: 20 minutes

If you have a group from the same program, and time allows, participants can continue the discussion for a real evaluation of their own HSAC.

The first step in creating an HSAC evaluation plan is asking the right question, and asking it in a way that points toward a data collection plan. An HSAC may have several evaluation questions that it seeks to answer as part of its ongoing monitoring. Effectiveness and compliance evaluation questions should flow from the HSAC's specific goals and activities.

Ask the group to consider the following questions, taking into consideration the unique mission and goals of your HSAC:

- ◆ What evaluation questions do we want to ask about our HSAC?
- ◆ For each question, what sources of data are available? What sources of data can we begin to develop?
- ◆ Is the level of effort required to collect the data reasonable? What is the plan for data collection and who will carry it out?
- ◆ When will we analyze the data that is collected? What is the evaluation timeline?

Record these responses on the “Timeline for Accomplishing Important HSAC Requirements” located in the Resources section of this guide.

Step 3: Practice a Process Evaluation

Time: 45 minutes

Now ask the group to watch the video *Weaving Connections*. As they watch, ask participants to pay particular attention to the health issues in each story. They will be using these stories as starting points to develop research questions, outcomes, and a data collection plan for a process evaluation.

Show *Weaving Connections*

After the video, break into small groups of four or five participants. Ask each group to choose a story from the video to work with. Each group will use the story as a starting point to design a process evaluation. While the evaluations will not be implemented, the

group will practice forming questions, and identifying outcomes and sources of data.

Stories:

- ◆ **Port Gamble Indian Reservation, Washington.** Christopher is able to be fully included in Head Start and enjoy

Cartland County Early Head Start has included an evaluation of HSAC effectiveness in their annual self-assessment. Policy Council members review the HSAC goals and do structured interviews with HSAC members, staff, and parents to summarize the successes and challenges of the HSAC each year.

For more on conducting and using evaluation information, see *The Program Manager's Guide to Evaluation* and the *Head Start Bureau Evaluation Handbook*.

increased mobility and independent activity at home.

- ◆ **College Park, Maryland.** Maria has access to the prenatal health care and medication she needs to deliver a healthy baby.
- ◆ **Fairfax, Virginia.** Medicaid reimbursement rates for dental providers are increased, helping Medicaid eligible children far beyond those enrolled in Head Start.
- ◆ **Seattle, Washington.** Parents become better advocates for themselves and their children.
- ◆ **Washington, D.C.** Bontivia is empowered to make a difference that not only protects her children from lead poisoning, but also helps other families do the same.

After each group has chosen a story, its task is to plan a process evaluation with the information that members have from the video. If the group does not have all the information it needs, its members should use their own experience to make up the information they need to proceed. It's okay to pretend for the purposes of this activity! If a small group has members from the same program they can also use a health issue from their own program for this activity.

Each group has 20 minutes to answer the following questions and respond on **Handout 5.3(a)**. If the group has a hard time responding to the questions, the facilitator can prompt with the examples listed on **Handout 5.3(b)**.

If you were doing a process evaluation of the HSAC that is portrayed in your story:

- ◆ What is your specific process evaluation question?
- ◆ What outcomes would you expect to see if the HSAC's resources were used well in this situation?
- ◆ What sources of information would you go to to answer your question?
- ◆ How will you use the evaluation findings for planning? How will you use what you learned?

After 20 minutes, bring the small groups together to report back. Ask:

- ◆ What plans did you make for evaluating the process of the HSAC in your situation?
- ◆ How do you think those questions might translate to your own program?

Step 4: Decide How To Use the Evaluation Information

Time: 15 minutes

Finally, ask the group to consider how the evaluation information will be used and what kind of report or product will result. Effective communication of evaluation results is different for different audiences.

- ◆ Who is the audience?
- ◆ What is the correct product to communicate evaluation results to this audience?

Handouts

Handout 5.1: Evaluation Basics

Handout 5.2: Evaluation Models

Handout 5.3: Sample Evaluation Plan

Evaluation Basics

Every evaluation is driven by a question that needs to be answered. The evaluation activities are designed to provide information (data) to answer that question. Clearly defining this question, sometimes called the research question, is a critical first step in any program evaluation. When the research question is clear, one can identify what information is needed and make a plan for data collection. Different types of evaluation ask different questions, all of which are useful in assessing effectiveness. What follows is a description of several types of evaluations and the questions they pose. **Handout 5.2** also summarizes the following evaluation models.

Descriptive Evaluation. The research question in descriptive evaluation is “What did we do?” While this seems like an obvious question, it is important to be able to describe what your committee does. Sometimes a program needs to provide this information to review teams, governing bodies, or for ongoing monitoring. Sources of information that answer this question are meeting minutes, membership rosters, tracking forms, and so forth. These documents provide an important institutional memory so that outsiders or new staff can understand the activities and history of a program.

Process evaluation. The research question in process evaluation is “How well did we use the HSAC?” This evaluation helps the health services manager or other management staff identify changes that need to be made to improve the effectiveness of the HSAC. It is also called formative or implementation evaluation. Some questions that can be answered by process evaluation include: “Did we use the committee’s resources to help the program develop and improve systems that support health and wellness? Does our program have systems in place that allow us to keep the HSAC informed about the program’s health challenges and then incorporate their guidance into planning to resolve those challenges?” Sources of information that respond to these questions can be interviews with HSAC members, health services managers, and staff asking how they have used the committee to respond to specific issues. This kind of information can be used for planning and building systems of communication between the committee and the rest of the program.

Effectiveness evaluation. The research question in effectiveness evaluation is “Did we achieve our goals?” To answer this question, the HSAC must have clearly identified goals. A program cannot undertake an effectiveness evaluation unless goals are in place.

A well-stated goal includes measurable outcomes. Sources of information for effectiveness evaluation depend on the specific goal being measured but may include health tracking records for issues such as immunization and screening rates, Individual Education Plans (IEP), and classroom observations.

Compliance evaluation. The research question in compliance evaluation is “Did we do what the Head Start Program Performance Standards and other regulations say we must?” An HSAC has several levels of compliance to consider. At the most basic level, there are the Performance Standards about the HSAC, which require that the program “establish and maintain an effective Health Services Advisory Committee that includes parents, professionals, and other volunteers from the community.” A more substantive approach to compliance evaluation will also take into consideration the program’s compliance with regulations concerning health and health services for staff, families, and enrolled children.

Client satisfaction evaluation. The research question in client satisfaction evaluation asks “What do parents, staff, and the community think about health services in Head Start and Early Head Start in general and the HSAC in particular?” While client satisfaction should not be the only component of an evaluation, it is a critical piece of information. One of Head Start’s core values is partnership with families, and if families are not satisfied, they will not choose to remain in partnership. Another group to assess for satisfaction are the HSAC members. A regular check-in with advisory group members is one way to ensure that the program can retain and support valuable community partners. Sources of information for client satisfaction evaluation are systematic questionnaires (either written or by interview) or ongoing feedback mechanisms.

Evaluation Models

Evaluation Question	Sample sources of data (not a complete list)	Plan for collecting data
Descriptive Evaluation: What did we do?	HSAC meeting minutes Correspondence Membership rosters	Review minutes, summarize yearly activities
Process Evaluation: How well did we use our HSAC?	HSAC meeting minutes Interviews with health services managers Interviews with staff Interviews with HSAC members	Identify health issues/concerns in the life of the program in the last year Develop an interview protocol addressing how the HSAC was involved Conduct interviews
Effectiveness Evaluation: Did we achieve our goals?	Will depend upon the specific goals, but may include: ◆ Child and family records ◆ Program policies ◆ PIR, self-assessment, and monitoring data	Will depend upon the specific goals
Compliance Evaluation: Did we do what the Head Start Program Performance Standards require?	HSAC meeting minutes PIR, self-assessment, and monitoring data	Make sure that the annual self-assessment asks the questions needed to answer the HSAC's evaluation questions
Client Satisfaction Evaluation: What do staff, parents, and the community think about health services in Head Start and/or about the HSAC?	Questionnaires for parents, staff, and collaborating health partners	Develop a questionnaire or interview protocol Schedule a regular time to interview or survey the relevant stakeholders about Head Start health services and the HSAC

Sample Evaluation Plan

Research Question(s)	Measurable Outcomes	Sources of Data	Next Steps
What exactly do we want to know about how the HSAC was used in this situation?	If the HSAC was/is used well to resolve the situation—what will we see as an outcome for individual children and families and for the program's systems?	Where do we need to find information to answer our question? Whom do we need to talk with? What documents might we review?	How will we use the evaluation findings for planning? How are we going to use what we learned? How will we share the information? How will it be incorporated into planning?

Research Question(s)	Measurable Outcomes	Sources of Data	Next Steps
<p>What exactly do we want to know about how the HSAC was used in this situation?</p>	<p>If the HSAC was/is used well to resolve the situation—what will we see as an outcome for individual children and families and for the program's systems?</p>	<p>Where do we need to find information to answer our question? Whom do we need to talk with? What documents might we review?</p>	<p>How will we use the evaluation findings for planning? How are we going to use what we learned? How will we share the information? How will it be incorporated into planning?</p>
<p>Christopher's program:</p> <p>How did the HSAC help the EHS program respond to Christopher's special needs?</p> <p>How has this responsiveness been institutionalized as an EHS system so that it can benefit all children in the program?</p> <p>Maria's program:</p> <p>How did the program use the HSAC to help respond to Maria's need for medication?</p> <p>How has the HSAC been used to develop a system to meet the acute health care needs of all pregnant women enrolled in EHS?</p> <p>Bontivia's program:</p> <p>When lead was identified as a community problem, how were the resources of the HSAC used to help respond to it for the individual family and for all Head Start families?</p> <p>How could their response help the program respond to other emerging community health needs?</p>	<p>Christopher's program:</p> <p>Other children with special health care needs in Christopher's program are able to get the resources they need.</p> <p>The classroom staff know whom they can turn to for resources and support in managing the needs of children with special health needs.</p> <p>Maria's program:</p> <p>There is a system in place to make sure that every pregnant woman has a medical home.</p> <p>There is two-way communication (with the woman's consent) between the program and the medical home.</p> <p>Bontivia's program:</p> <p>The HSAC helps the health services manager develop an education plan for staff and parents about lead poisoning.</p> <p>There is a system in place for lead to be included in screenings and for follow-up to occur when necessary.</p> <p>The HSAC reviews community assessments on a regular basis to be alert to emerging health care issues that require advocacy.</p>	<p>Christopher's program:</p> <p>IEP's and/or Individual Health Plans</p> <p>Interview classroom staff</p> <p>Interview parents</p> <p>HSAC minutes</p> <p>Maria's program:</p> <p>Review EHS charts</p> <p>Interview women enrolled in EHS</p> <p>Interview/survey medical providers of EHS women</p> <p>HSAC minutes</p> <p>Bontivia's program:</p> <p>Health education plans for home and center-based staff and families</p> <p>Review charts</p> <p>HSAC minutes</p>	<p>Christopher's program:</p> <p>Review and revise policies for managing the needs of children with special health care needs.</p> <p>Ensure that staff know whom to turn to for support in day-to-day care of children with special health care needs.</p> <p>Maria's program:</p> <p>Invite prenatal care providers to become members of the HSAC.</p> <p>Make sure that informed consent forms exist to allow for communication with prenatal care providers.</p> <p>Plan to train EHS staff on pregnancy danger signs, e.g., signs and symptoms of preterm labor, preeclampsia.</p> <p>Bontivia's program:</p> <p>Invite regional lead official to sit on HSAC</p> <p>Work in coalition with other community activists on a lead education campaign</p> <p>Make sure that the community assessment includes health issues and schedule an annual HSAC meeting to review the assessment.</p>

NOTES

NOTES

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The Health Services Advisory Committee At-a-Glance

On the following pages there is an “HSAC At-a-Glance” chart, which you can use to record your accomplishments as you move through the training modules. The completed chart provides you with an overall picture of your HSAC, including its vision and mission, membership, activities, and accomplishments. You can post this chart in a common area so that your program’s staff and parents can see it.

Below is a list of how each section of the “At-a-Glance” chart can record your work with the HSAC and the *Weaving Connection* training modules.

Vision, Mission, Goals, and Objectives

After you have completed Module 1, record your HSAC’s vision, mission, goals, and objectives in the first three spaces on the chart. It’s important to keep these in mind as you plan your HSAC activities for the year.

Membership

After you have completed Modules 2 and 3 and you have begun to recruit new members, you can fill in the names and titles of your membership in this section of the chart. However, this section is not only for new members; you should also use it to record your current membership and their titles and responsibilities. One effective tool for maintaining a successful and active committee is making sure that each member’s roles and responsibilities are clearly understood by the entire HSAC membership.

Activities

This final section of the chart can be used to keep track of your HSAC’s activities, such as your committee and subcommittee meetings, any ad hoc activities, and your evaluation activities. For each activity, record the HSAC member responsible, whether it’s been completed, and a description of the event.

After you complete Module 4 and have worked with “PACT” for planning a meeting and for meeting follow-up, the person who is listed as responsible for your HSAC meetings should also be responsible for planning and providing follow-up for the meeting.

Vision Statement (see Module 1, Step 4)

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Mission Statement (see Module 1, Step 5)

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Goals and Objectives (see Module 1, Step 6)

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Membership (see Modules 2 and 3)

Name	Title	Responsibilities
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Activities
(including committee meetings, subcommittee meetings,
ad hoc activities, and evaluation)

Date	Person Responsible	Completed?	Description

Program Performance Standards

In a Nutshell

1304.20 Child Health and Developmental Services

What does this section include—in a nutshell?

- ◆ Ensure that the child has a “medical home,” an ongoing source of continuous, accessible health care; obtain from that “home” a determination that the child is on a schedule of age-appropriate health care; obtain or arrange for further testing or treatment if there is a known or suspected problem; and develop and implement a follow-up plan for any condition needing further attention.
- ◆ Complete all activities mentioned above within 90 days of the child’s entry into the program (if the program lasts more than 90 days) and within 30 days, if the program lasts 90 days or less. Ensure that all developmental, sensory, and behavioral screenings are completed within 45 days of entry, so the process of identifying children with disabilities is well underway early in the year.
- ◆ Support ongoing health assessment and treatment for children by observing and recording children’s developmental progress or changes in appearance or behavior and consulting with parents.
- ◆ Use the information from assessments to individualize the program for all children, with special attention given to appropriate programming for children with disabilities.

1304.21 Education and Early Childhood Development

What does this section include—in a nutshell?

- ◆ Ensure that the learning environment is developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, cultural backgrounds, and learning styles.
- ◆ Ensure that the learning environment supports the development of each child’s social and emotional development, cognitive, language skills, and physical skills.
- ◆ Provide a program of services for infants and toddlers that encourages the development of a secure relationship between children and their teacher, and supports their social, emotional, and physical development.
- ◆ Implement a curriculum that individualizes experiences, integrates the educational aspects of all program areas, helps to develop children’s social relationships, enhances each child’s understanding of self, and provides for the development of the whole child.
- ◆ Involve parents in the program’s curriculum and approach to child development and education, and in staff-parent conferences and home visits. Ensure that parents have opportunities to observe their children and to share these assessments with staff to plan individualized learning experiences.

This section is taken from the Head Start Bureau publication, *Revisit and Renew: Supporting Implementation of the Revised Head Start Program Performance Standards*.

1304.22 Child Health and Safety

What does this section include—in a nutshell?

- ◆ Establish and implement policies and procedures to respond to medical and dental health emergencies.
- ◆ Ensure that rules regarding the temporary exclusion of a child with a short-term injury or an acute or short-term contagious illness are followed; ensure that program participation is not excluded over the long term solely on the basis of health care needs or medication requirements unless keeping the child poses a significant risk which cannot be reduced to an acceptable level.
- ◆ Establish and maintain written procedures regarding the administration, handling, and storage of medication.
- ◆ Work to prevent injuries and foster safety awareness, including keeping a well supplied first-aid kit readily available.
- ◆ Follow good hygiene and sanitation practices, including washing hands with soap and water at required times, using non-porous gloves when in contact with spills of bloody bodily fluids, cleaning up such spills effectively, diapering and toileting children safely, and spacing cribs at least 3 feet apart.

1304.23 Child Nutrition

What does this section include—in a nutshell?

- ◆ Work with families to identify children's nutritional patterns and needs.
- ◆ Design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child.
- ◆ Ensure that meal service in center-based settings contributes to the development and socialization of children by, among

other things, having staff, volunteers, and children eat together, family-style, sharing the same menu.

- ◆ Assist families with nutrition through parent education activities and resource information.
- ◆ Post evidence of compliance with food safety and sanitation laws; contract only with vendors that are correctly licensed; and, for programs serving infants and toddlers, provide facilities for the proper storage of breast milk and formula.

1304.24 Child Mental Health

What does this section include—in a nutshell?

- ◆ Work collaboratively with parents to identify mental health concerns and support their participation in any interventions.
- ◆ Secure the services of mental health professionals for timely and effective identification and intervention in family and staff concerns about a child's mental health.
- ◆ Organize a regular schedule for on-site mental health consultation to promote children's mental wellness and to provide assistance for those with identified mental health needs.

1304.40 Family Partnerships

What does this section include—in a nutshell?

- ◆ Engage in a process of collaborative partnerships with individual families to develop a "Family Partnership Agreement." The process includes establishing mutual trust; identifying family goals, strengths, and necessary services and supports; establishing the roles that staff and families will play in addressing the goals; and building upon, as appropriate, information obtained from the family and other

community agencies concerning preexisting family plans and goals.

- ◆ Work collaboratively with participating parents to identify and access services and resources that are responsive to each family's interests and goals.
- ◆ Ensure that parents are provided opportunities to enhance their own parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children, and to participate in medical, dental, nutrition, and mental health education programs.
- ◆ Ensure that parents and children are provided opportunities to participate in family literacy services, either directly or through referrals to other local agencies.
- ◆ Assist pregnant women in the Early Head Start program to access, through referrals, a system of prenatal and postpartum care; prenatal education including fetal development, labor and delivery, and postpartum care; and information on the benefits of breastfeeding.
- ◆ Assist parents in becoming their child's advocate with schools and other community agencies by providing a staff-parent meeting at the end of a child's enrollment to discuss the child's progress; providing education and training to parents to prepare them to exercise their rights and responsibilities concerning their child's education; and assisting parents to communicate with teachers and other school personnel.

1304.41 Community Partnerships

What does this section include—in a nutshell?

- ◆ Take an active role in community planning and establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs.

- ◆ Establish and maintain a Health Services Advisory Committee and other advisory committees deemed appropriate.

- ◆ Establish and maintain effective procedures to support successful transitions for enrolled children and families.

1304.50 Program Governance

What does this section include—in a nutshell?

- ◆ Establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program, including a Policy Council at the grantee level, one or more Policy Committees at the delegate level, and Parent Committees at the center level for center-based programs and at an equivalent level for non center-based options.
- ◆ Require governing bodies to propose the total size of their policy groups, the procedures for the election of parent members, and the procedure for the selection of community representatives. Note that Policy Councils and Policy Committees must have a membership of at least 51 percent parents of currently enrolled children; all parent members must stand for election annually and community representatives must be selected annually; no member may serve more than three one-year terms; and no grantee or delegate agency staff (or their immediate families) may serve on Policy Councils or Policy Committees.
- ◆ Ensure that Policy Councils work with management staff and the governing body to develop, review, and approve or disapprove all funding applications and amendments; share decision-making about procedures for program planning, long- and short-range goals and objectives, the selection of delegate agencies and their service areas, the composition of the policy groups and their selection procedures, criteria for recruitment, selection

and enrollment of children, the annual self-assessment, personnel policies, and decisions to hire or terminate the Head Start director, and decisions to hire or terminate any other individuals who work primarily for Head Start; and assist Parent Committees in such areas as planning, coordinating, and organizing activities for parents.

- ◆ Use the Parent Committee(s) to advise staff in developing and implementing policies, activities, and service plans; and to plan, conduct, and participate in programs and activities for parents and staff.
- ◆ Implement written policies that define the roles and responsibilities of the governing body and establish appropriate internal controls to safeguard Federal funds.
- ◆ Establish written procedures for resolving internal disputes.

1304.51 Management Systems and Procedures

What does this section include—in a nutshell?

- ◆ Develop and implement a systematic, ongoing process of program planning that includes an assessment of community strengths, needs, and resources and the development of long-range and short-term goals and objectives and written plans for implementing services in all program areas.
- ◆ Establish and implement communication systems among staff, with families, with governing bodies and policy groups, and with delegate agencies.
- ◆ Establish and maintain efficient and effective record-keeping and reporting systems which provide accurate and timely information regarding children, families, and staff and ensure confidentiality.
- ◆ Conduct an annual self-assessment of the program's effectiveness and progress in

meeting its goals and objectives and in implementing Federal regulations.

1304.52 Human Resources Management

What does this section include—in a nutshell?

- ◆ Establish and maintain an organizational structure that adequately supports the program and assigns to staff the functions of program management, the management of early childhood development and health services, and the management of family and community partnership activities.
- ◆ Ensure that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions; the director must have skills relevant to human services program management and content area experts must be staff or consultants with knowledge, skills, and experience relevant to their content areas; specific education or certification requirements must be met by infant-toddler and preschool teachers, health staff who perform procedures that require licensure, the manager of nutrition services, providers of certain mental health services, and the fiscal officer.
- ◆ When a majority of children speak the same language, ensure that at least one classroom staff member or home visitor interacting regularly with the children speaks their language.
- ◆ Meet class size requirements for all age groups.
- ◆ Ensure that staff, consultants, and volunteers abide by the program's standards of conduct.
- ◆ Orient new staff to the program; perform annual performance reviews of all staff and use the results to identify training and professional development needs; imple-

ment a structured approach to staff training and development, attaching academic credit whenever possible; orient and train governing body and policy group members to enable them to carry out their responsibilities effectively.

- ◆ Assure that each staff member has an initial health examination that includes screening for tuberculosis and a periodic reexamination in accordance with State, Tribal, or local laws. Also assure that all regular volunteers are screened for tuberculosis in accordance with State, Tribal, or local laws, or as recommended by the Health Services Advisory Committee.

National Training Guides

An annotated list

The following pages contain an annotated list of the National Training Guides for the Head Start Learning Community. This listing of foundation and technical guides provides a brief description of each guide available through the Head Start Information and Publication Center (HSIPC). The guides are listed by the following categories: disabilities services, education, health, management, parent involvement, social services, and transition. For information on ordering, see page 93.

Disabilities Services

Setting the Stage: Including Children with Disabilities in Head Start, a Foundation guide, helps orient Head Start staff to the concept of inclusion and its implications for providing Head Start services to children with disabilities and their families; reinforces the program-wide effort necessary to include children with disabilities in the program; and strengthens staff skills to foster and sustain meaningful inclusion. It is useful to all Head Start programs—those that have just begun to reach out and serve children with more significant disabilities, as well as programs that have considerable experience. (HSIPC Catalog No. 803)

Including Children with Significant Disabilities enhances the skills of Head Start staff to recruit and meet the needs of children with more significant disabilities and their families. The guide offers strategies for effectively working with early intervention and other specialized agencies to better reach and serve children and families. (HSIPC Catalog No. 826)

Leading the Way: Disabilities Services and the Management Team provides Head Start managers with the skills and knowledge needed to plan and implement integrated services for children with disabilities and their families. The guide helps managers develop a broader view of their roles and set the stage for developing a more collaborative and coordinated way of working with each other, LEAs, and with other community agencies. (HSIPC Catalog No. 818)

Supporting Children with Challenging Behaviors: Relationships Are Key is designed to provide teaching teams with a process for reflecting on their own practice, assessing difficult situations, and designing interventions through joint problem solving that support both children and adults. (HSIPC Catalog No. 816)

Translating the IEP into Everyday Practice builds the skills of all staff in individualizing for children with disabilities. The guide helps staff analyze and adapt the routine, activities, and rules of the classroom to accommodate children with disabilities so they can display their varying abilities alongside their peers. Exploring effective ways to collaborate with families, other specialists, and community agencies are also highlighted. (HSIPC Catalog No. 828)

Foundation

Training Guides

focus on the key values and behaviors needed by your staff in order to support the Head Start approach and the Head Start Program Performance Standards.

Technical Training

Guides

address complex skills and specific knowledge needed to advance the growth of children, parents, and staff.

Education

Nurturing Children, a Foundation guide, is designed to assist all staff in learning how to interact with children in ways that keep them safe while encouraging them to develop critical thinking skills. Also included are guidelines for helping staff learn to conduct nurturing and supportive interactions with families. (HSIPC Catalog No. 807)

Emerging Literacy: Linking Social Competence and Learning is designed to enhance the skills of education staff to support young children's emerging language and literacy by fostering their listening, speaking, reading, and writing skills, and by collaborating with parents and other staff to create language and literacy-rich environments in the home and the center. (HSIPC Catalog No. 821)

Enhancing Children's Growth and Development expands on the concepts developed in *Nurturing Children*. It is designed to enhance the skills of education staff so they can apply knowledge of how children grow and develop to planning, implementing, and evaluating activities and experiences in the center, at home, and during group socialization sessions. (HSIPC Catalog No. 808)

Individualizing: A Plan for Success examines the ongoing process of individualizing: comprehensive screening, in-depth assessment, planning, and ongoing assessment. This guide encourages staff to use a variety of strategies to get to know and plan for children, build partnerships with families, and assess the children's progress. (HSIPC Catalog No. 822)

Observation and Recording: Tools for Decision Making enhances the skills of all education staff so they can accurately and objectively record young children's behavior and make thoughtful decisions about program planning for each child. (HSIPC Catalog No. 805)

Health

Laying a Foundation in Health and Wellness helps participants explore their basic understanding of health concepts, encouraging a perspective that is holistic, multicultural, and oriented toward individual and community wellness. The guide links health to Head Start's mission of developing social competence and describes ways that the Head Start program can teach about and support healthy behaviors among children, families, and staff members. (HSIPC Catalog No. 804)

Caring for Children with Chronic Conditions is a guide intended to build staff capacity to make Head Start a safe and welcoming place to learn and play for children with chronic conditions. Best practices for including children with special health needs and specific Head Start implications are outlined with a particular focus on allergies and asthma. (HSIPC Catalog No. 831)

Enhancing Health in the Head Start Workplace increases the understanding and skills of Head Start staff to identify the various ways in which employee health affects the effectiveness of the organization; design training programs which encourage employees to improve their own health; understand how the organization contributes to the overall health of employees; and implement policies that allow employees to enjoy the best health possible. (HSIPC Catalog No. 813)

Preventing and Managing Communicable Diseases improves the skills of Head Start staff and families in dealing with communicable diseases. Specifically the guide addresses attitudes toward communicable diseases, how to reduce the spread of disease, and how to recognize and manage illnesses more effectively. (HSIPC Catalog No. 806)

Promoting Mental Health encourages mental health promotion for all members of the Head Start community. This is accomplished through activities that build skills in creating responsive, respectful relationships with co-workers, parents, and children that are an integral part in building programs that promote the ability of children and families to respond well to challenge and adversity. (HSIPC Catalog No. 812)

Safety First: Preventing and Managing Childhood Injuries increases the skills of Head Start staff in dealing with injuries in their program. This guide helps staff understand the common causes of injuries and their relationship to child development; create a safe environment in the classroom and at home; teach safety practices to other staff, children, and families; prepare policies, procedures, and provisions for emergencies; properly assess, care for, and document injuries in their program; and support children, parents, and staff in their recovery from emergencies and injuries. (HSIPC Catalog No. 827)

Sustaining a Healthy Environment offers information and activities that broaden staff members' understanding of the natural environment and improve their ability to incorporate environmental enrichment and environmental protection into their programs. Participants will consider the immediate issues of identifying risks and preventing harm in the home setting and the Head Start center, while developing an ecological, long-term perspective in their choices. (HSIPC Catalog No. 819)

Well-Child Health Care: Making It Happen can help Head Start staff understand and explain screenings and exams required in Head Start, develop a partnership with parents and health care providers in well-child health care and screening, evaluate the quality of their program's screening and exam practices and develop strategies for improvement, and complete and document follow-up assessment and interventions in the classroom and home. (HSIPC Catalog No. 832)

Management

Participating in the Management Process, a Foundation guide, introduces Head Start staff and parents to the concepts that management is a team process, everyone plays a part in achieving a quality program, and change is an element that Head Start programs must continuously address. (HSIPC Catalog No. 817)

Cultivating Successful Management Teams focuses on working cooperatively by assessing individual and team behavior, demonstrating collaborative decision making techniques, and developing essential skills to build a supportive team relationship. (HSIPC Catalog No. 835)

Fostering Program Governance helps orient Head Start directors, managers, parents and volunteers to the duties and responsibilities of Policy Councils and boards. Participants will practice program and organizational planning, review assessment tools, discuss shared decision making, practice organizational planning, and discuss issues related to working with volunteers. (HSIPC Catalog No. 836)

Leading Head Start into the Future is designed to build self-awareness using tools to assess organizational needs and identifying and modeling the characteristics of effective leaders. (HSIPC Catalog No. 820)

Planning and Reviewing for Success prepares participants for developing strategic and operational plans and emphasizes the importance of program evaluation. Topics include developing long- and short-range goals, building project management skills, and evaluating how effectively program objectives have been met. (HSIPC Catalog No. 837)

Parent Involvement

Engaging Parents, a Foundation guide, focuses on creating a common vision for parent involvement, adapting parent involvement activities to make them more accessible and inviting to parents, using observation and listening skills to identify how each staff person contributes to and supports parent involvement, and analyzing current parent involvement practices to identify program strengths and potential areas for improvement. (HSIPC Catalog No. 801)

Building On Success is designed for Head Start staff working in partnership with parents on self-sufficiency goals. It focuses on the skills needed to develop a personal plan for education and employment, create career ladder opportunities for parents within the Head Start program, and mobilize community resources to support families. (HSIPC Catalog No. 824)

Communicating with Parents focuses on the value of effective communications in building partnerships with parents. The guide covers effective speaking and listening skills, clear and concise writing for a variety of readers, and planning communication strategies at a program level. (HSIPC Catalog No. 809)

Designing Parenting Education Programs focuses on developing comprehensive family learning opportunities. It includes strategies for bringing parents into the planning process, effective consumerism of materials, and community and program resources. (HSIPC Catalog No. 838)

Family Partnerships: A Continuous Process focuses on those skills of the family goal-setting process that support family growth: learning from significant life events, identifying internal and external supports, visioning, creating a family picture, setting goals, developing and implementing a family plan, and providing follow-up. (HSIPC Catalog No. 823)

Partners in Decision Making provides training for staff and parents on how to work together as a team, respecting each other's unique contribution to the group process, and to the Head Start program. Specifically this guide focuses on creating a climate for decision making partnerships, building trusting relationships among team members, and decision making strategies. (HSIPC Catalog No. 810)

Supporting Family Learning is designed for staff who are responsible for creating educational activities that support parents as their child's first teacher. This guide explores strategies for observing home learning environments, developing interactive parent/child learning activities, and developing family literacy programs. (HSIPC Catalog No. 833)

Social Services

Building Supportive Communities, a Foundation guide, concentrates on the significance of building strong relationships that provide the required support for families, both within Head Start and in the broader community. The guide expands staff understanding and skill in building relationships. (HSIPC Catalog No. 802)

A Design for Family Support reinforces Head Start's role as a family support program and defines the framework for supporting families. The concepts and principles of supporting families are presented along with the skills necessary to develop those relationships that enhance family support. (HSIPC Catalog No. 811)

Community Partnerships: Working Together expands the capacity of staff to facilitate the development of collaborative partnerships. The activities provide strategies for programs, staff, and families to join and work together within the community, participate on behalf of families, and build supportive peer relationships. (HSIPC Catalog No. 830)

Supporting Families in Crisis provides staff with a framework for understanding, identifying, and responding to family crises. The guide also provides staff with the opportunity to explore safety issues posed by crisis situations, to learn strategies for reducing personal risk, and to learn strategies aimed at preventing crises in vulnerable families. (HSIPC Catalog No. 829)

Transition

Effective Transition Practices: Facilitating Continuity, a Foundation guide, familiarizes all staff with the elements and requirements of effective transition, increases staff and parent skills that support children and families preparing for transition, and helps staff and families identify specific practices to support transition. (HSIPC Catalog No. 814)

Infant and Toddler Transitions is designed to aid Early Head Start and Head Start families, managers, and staff in developing skills and practices that support the healthy development and transitions of infants and toddlers and their families. Staff and families learn to examine infant and toddler transitions from a developmental perspective, individualize routines and practices to support each child's needs, plan for transitions that ensure consistency and continuity, and implement measures for evaluating the quality and effectiveness of transitions. (HSIPC Catalog No. 839)

Planning for Transitions provides the tools and skill development necessary to plan and implement successful transition activities from different early childhood settings such as from home to Head Start and from Head Start to elementary school. (HSIPC Catalog No. 815)

Transitions: Parents Are Key enables parents to fully understand their roles, rights, and responsibilities and to develop communication and advocacy skills necessary throughout their child's education. (HSIPC Catalog No. 825)

To order . . .

National Head Start Training Guides are available free of charge to Head Start programs, with distribution criteria of one manual per site. Please fax, mail, or e-mail your request to:

Head Start Information and Publication Center

P.O. Box 26417
Alexandria, VA 22313-0417
Fax: 703-683-5769
E-mail: puborder@headstartinfo.org
Web: www.headstartinfo.org
If you have questions about your order, call 703-683-2878.

National Training Guides are only available to non-Head Start organizations and individuals through the Government Printing Office (GPO). Send orders to:

Superintendent of Documents
U.S. Government Printing Office
P.O. Box 371-954
Pittsburgh, PA 15250-7954
(All orders must be prepaid.)
If you have questions about your GPO order, call 202-512-1800.

Other Health-Related Head Start Materials

Health and Safety

Child Health Record

This record, available in English and Spanish, documents a child's complete health history including medical, dental, dietary, and developmental information.

Child Health Record Instructions

This document provides guidance for completing each part of the Child Health Record.

Head Start Bulletin #71: Head Start and Partners Forum on Oral Health

Presentations made at the forum are summarized and projected activities to be undertaken in the area of oral health are described.

Head Start, Medicaid, and CHIP: A Guide for Head Start Programs

This guide describes partnerships among federal programs designed to insure the health of low-income children. Information is provided on planning successful partnerships and outreach strategies. Six appendices supply information on Head Start, Medicaid, and CHIP services and state and regional agency contacts.

Parent-Held Child Health Record

This pocket-sized record is intended specifically for use with migrant Head Start children.

Mental Health

Head Start Bulletin #73: Child Mental Health

Developed for Head Start staff, administrators and program supervisors, this issue in-

cludes features, resources and articles. Some of the most current interventions and concerns impacting child mental health including the quality of relationships in centers, the ways curriculum supports emotional connections, and the honest acknowledgment of strengths and challenges are described.

Mental Health in Head Start: A Partner for Families—Videotape

This videotape was developed to facilitate discussion about mental health.

Mental Health in Head Start: A Partner for Families User's Guide

This guide was developed to facilitate the effective use of the videotape.

Mental Health in Head Start: It's Everybody's Business—Videotape

This videotape, available in English and Spanish, provides an overview of the Head Start Mental health program and discusses the development of positive activities for the mental well-being of staff, parents, and children in the program.

Mental Health in Head Start: It's Everybody's Business Discussion Guide

This guide, available in English and Spanish, was developed to facilitate the effective use of the videotape.

Responding to Children Under Stress: A Skill-based Training Guide for Classroom Teams

This skill-based guide was developed in response to Head Start staff requests for assis-

These materials are available through the Head Start Information and Publications Center (HSIPC). For information on ordering, see page 93.

tance addressing the needs of children and families from multi-stressed environments. The manual has a dual purpose: 1) it suggests practical strategies for working with children who live in multi-stressed environments; and 2) it offers ongoing support for classroom teams participating in this staff development program.

Nutrition

Head Start Nutrition Education Curriculum

This document provides nutrition education lessons for teaching skills and concepts in art, language, math, music, physical development, science, social development and social studies. This self-contained curriculum requires no additional materials except art supplies, food and food preparation equipment. The Appendix contains a list of references.

Training Guide for Food Service Personnel in Programs for Young Children

This guide provides information for the in-service training of food service staff in Head Start, day care, and other child development programs.

WIC and Head Start: Partners in Promoting Health and Nutrition for Young Children and Families (WIC Nutrition Series)

This informational report, based on the WIC-Head Start Coordination Study, describes a variety of efforts undertaken in states and local communities to coordinate the services of the two programs. Coordination strategies in five service areas are described, including a review of each program's relevant regulatory requirements.

Substance Abuse

Helping Children Affected by Substance Abuse: A Manual for the Head Start Management Team

This manual offers information and strategies for supporting staff who work with children affected by substance abuse.

Risk and Reality: Teaching Preschool Children Affected by Substance Abuse—Videotape

This videotape describes classroom strategies that support children at risk and outlines methods that can be used to improve the learning of at-risk children.

Risk and Reality: Teaching Preschool Children Affected by Substance Abuse Discussion Guide

This guide was developed to facilitate the effective use of the videotape *Risk and Reality: Teaching Preschool Children Affected by Substance Abuse*.

Supporting Substance-Abusing Families: A Technical Assistance Manual for the Head Start Management Team

This manual provides guidance and useful insights on supporting both children and families affected by substance abuse.

Organizations & Web Sites

Federal Web Sites

Contact these sites for information about Medicaid and CHIP, model child health programs, health outreach programs, and partnerships, and to obtain other related information.

U.S. Department of Health and Human Services (DHHS)

www.hhs.gov

The Administration for Children and Families (ACF)

www.acf.hhs.gov

Centers for Disease Control and Prevention

www.cdc.gov

Centers for Medicare and Medicaid Services: State Children's Health Insurance Program (formerly known as the Health Care Financing Administration)

www.cms.hhs.gov/schip

Health Resources & Services Administration (HRSA)

www.bphc.hrsa.gov

www.hrsa.hhs.gov/childhealth

Maternal and Child Health Bureau

www.mchb.hrsa.gov

Child Care Bureau

www.acf.hhs.gov/programs/ccb

For State Child Care and Development Fund Contacts access:

<http://nccic.org/dirs/devfund.html>

Head Start Bureau

www.acf.hhs.gov/programs/hsb

Insure Kids Now!

This Web site is sponsored by the Department of Health and Human Services. It offers links to state Web sites as well.

www.insurekidsnow.gov

National toll free number:
(877) Kids-Now

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

U.S. Department of Agriculture (USDA)

www.usda.gov

Women, Infants, and Children (WIC)

www.fns.usda.gov/wic

Other Sources of Information

Contact these organizations to learn more about partnership strategies, state efforts, advocacy, outreach, research, and private funding to support health education. Some organizations offer free outreach materials, fact sheets, and brochures.

American Academy of Pediatrics

www.aap.org

(847) 434-4000

American School Health Association

www.ashaweb.org

(330) 678-1601

Association of Maternal and Child
Health Programs

www.amchp1.org

(202) 775-0436

Center for Health Care Strategies,
Inc.

www.chcs.org

(609) 895-8101

Center on Budget and Policy Priorities

www.cbpp.org

(202) 408-1080

Center for Health Services Research
and Policy

www.gwumc.edu/chpr

(202) 296-6922

Center for School Mental Health
Assistance

<http://csmha.umaryland.edu>

(888) 706-0980

Children's Defense Fund

www.childrensdefense.org

(202) 628-8787

The Children's Health Fund

www.childrenshealthfund.org

(212) 535-9400

Child Welfare League of America

www.cwla.org

(202) 638-2952

Families USA

www.familiesusa.org

(202) 628-3030

Family Voices

www.familyvoices.org

(888) 835-5669

National Academy for State Health
Policy

www.nashp.org

(207) 874-6524

National Association of Child
Advocates

www.childadvocacy.org

(202) 289-0777

National Center for Education in
Maternal and Child Health

www.ncemch.org

(703) 524-7802

National Center for Farm Worker
Health

www.ncfh.org

(512) 312-2700

National Coalition for the Homeless
www.nationalhomeless.org
(202) 737-6444

National Conference of State
Legislatures
www.ncsl.org
(303) 830-2200

National Council of La Raza
www.nclr.org
(202) 785-1670

National Education Association
Health Information Network
www.neahin.org
(800) 718-8387

National Governors' Association
www.nga.org
(202) 624-5300

National Healthy Mothers, Healthy
Babies Coalition
www.hmhb.org
(703) 836-6110

National Health Law Program
(NHeLP)
www.healthlaw.org
(202) 289-7661

National Health Policy Forum
www.nhpf.org
(202) 872-1390

National Mental Health Association
www.nmha.org
(703) 684-7722

National Resource Center for Health
and Safety in Child Care
<http://nrc.uchsc.edu>
(800) 598-kids

National Rural Health Association
www.nrharural.org
(816) 756-3140

The Robert Wood Johnson Foundation
www.rwjf.org
(888) 631-9989

The Southern Institute on Children
and Families
www.kidsouth.org
and
www.coveringkids.org
(803) 779-2607

The Arc of the United States
www.thearc.org
(301) 565-3842

Members of the *Weaving Connections* Design Team

Dorothy Albritten, *Fairfax, VA*
Health Services Manager
Fairfax County Head Start
Office for Children-Head Start Program

**Harry Bickel, DMD, MPH
*Louisville, KY***
Health Specialist
Training and Technical Assistance Services
Western Kentucky University

Virginia Cantu, *Washington, DC*
Quality Development Associate
Academy of Educational Development

Maureen Curley, *College Park, MD*
Health and Nutrition Specialist
Head Start Resource and Training Center
University of Maryland, University College

Bontiva Ben, *Washington, DC*
Parent and Assistant Treasurer, Policy
Council
Edward C. Mazique Parent Child Center

**Reyna Dominguez, MPH
*Oxnard, CA***
Early Head Start Program Manager
Child Development Resources of
Ventura, Inc.

Elizabeth Donaldson, *Fairfax, VA*
Parent and HSAC Member
Fairfax County Head Start
Office for Children-Head Start Program

Gwen Freeman, *Alexandria, VA*
Former Assistant Director
Partnership Office
National Head Start Association

Maggie Holmes, *Alexandria, VA*
Former Director, Partnership Office
National Head Start Association

Terry Hudgens, *Denver, CO*
Early Head Start Director
Family Start

Julie Larson, *Rapid City, SD*
Health Advisor
Youth and Family Services

Everludis Lopez, RD, *Fairfax, VA*
Nutrition Specialist
HSAC Member
Fairfax County Head Start
Office for Children-Head Start Program

Leilani Pennel, *Washington, DC*
Former Director
Migrant Head Start Quality Improvement
Center
Academy of Educational Development

Anita Prince, *Alexandria, VA*
Former Marketing Director
Head Start Information and Publications
Center

Malia Ramler, *San Francisco, CA*
Consultant
James Bowman Associates

Stuart Reynolds, *Austin, TX*
Health Coordinator
Child Inc.

Habib Shariat, MD, *Washington, DC*
Physician
Edward C. Mazique Parent Child Center

Theresa Shivers, *Washington, DC*
Chief, Health Maintenance & Special
Needs Branch
United Planning Organization

Marilyn Smith, RN, *Lubbock, TX*
Health Specialist
Institute for Child and Family
Texas Tech University

Anne Taggart, *Fairfax, VA*
Disabilities Coordinator
Fairfax County Head Start
Office for Children-Head Start Program

John Thomas, *Denver, CO*
Early Childhood Program Specialist
Region VIII

Janet Unonu, *Washington, DC*
Director of Nutrition and Health
Edward C. Mazique Parent Child Center

Tracey Yee, *Burien, WA*
Expansion Director
Puget Sound Educational Services District

The Head Start Programs Featured in *Weaving Connections*

Below is a list of each Head Start program featured in the video, *Weaving Connections*.

Port Gamble Indian Reservation

31912 Little Boston Road, Northeast
Kingston, WA 94346
360-297-6258
360-297-4496 (fax)
Contact: Jaclyn Haight, Early Childhood
Program Director

University of Maryland, University College Early Head Start

3501-University Boulevard, East
Adelphi, MD 20783
240-684-5200
240-684-5225 (fax)
Contact: Janet Shultz, RN, CPNP, Health
and Disabilities Coordinator

Fairfax County Head Start

12011 Government Center Parkway
Suite 903
Fairfax, VA 22035
703-324-8124
703-324-8200 (fax)
Contact: Dorothy Allbritten, Health
Services Manager

Puget Sound Educational Services District, Head Start

400 Southwest 152nd Street
Burien, WA 98166
206-439-3636
206-439-6942 (fax)
Contact: Tracey Yee, Expansion Director

United Planning Organization

401 M Street, SW
Washington, DC 20024
202-289-9100 ext 280
202-289-2649 (fax)
Contact: Theresa Shivers, Chief, Health
Maintenance and Special Needs Branch

Head Start Quality Improvement Centers

listed in order by Region . . .

Region I

Ms. Patricia Fahey, Director
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060
617-969-7100 ext. 2375
617-244-3609 fax
pfahey@edc.org

Region IIa

Ms. Patricia M. Hall, Director
New York University
School of Education
726 Broadway, 5th Floor
New York, NY 10003
800-336-4848
212-995-3458 fax
pmh5@nyu.edu

Region IIb

Ms. Gloria De Llovio-Dominguez,
Director
Development Associates, Inc.
Puerto Rico/Virgin Islands
P.O. Box 3968
Guaynabo, PR 00970-3968
787-281-0125/0100/0110
787-281-0120 fax
gdellovio@devassocpr.com

Region III

Ms. Madhavi Parikh, Director
University of Maryland University College
3501 University Boulevard, East
Adelphi, MD 20783
800-688-1675
240-684-5225 fax
parim@hsrtc.umuc.edu

Region IV a & b

Ms. Colleen B. Mendel, Director
Western Kentucky University
Training & Technical Assistance Services
One Big Red Way, TPH 344
Bowling Green, KY 42101
800-882-7482
270-745-3340 fax
colleen.mendel@wku.edu

Region IVb

Ms. Marce Verzaro-O'Brien, Director
Western Kentucky University
Training & Technical Assistance Services
One Big Red Way, TPH 344
Bowling Green, KY 42101
800-882-7482
270-745-3340 fax
mvobrien@aol.com

Region Va

Ms. Linda Young, Director
Cooperative Educational Service Agency 5
626 East Slifer Street
P.O. Box 564
Portage, WI 53901-0564
800-862-3725
608-742-2384 fax
youngl@cesa5.k12.wi.us

Region Vb

Mr. Dennis Sykes, Director
The Ohio State University
Center for Special Needs Population
700 Ackerman Road, Suite 440
Columbus, OH 43202-1559
800-447-1424
614-447-9043 fax
sykes.3@osu.edu

Region VIa

Ms. Linda Reasoner, Director
BHM International, Inc.
The Lafayette Building
523 South Louisiana, Suite 303
Little Rock, AR 72201
800-270-8272
501-370-9158 fax
lreasoner@bhmqic.com

Region VIb

Mr. James Mitchell, Director
Texas Tech University
Institute for Child and Family Studies
College of Human Sciences, Room 167
Box 41162
Lubbock, TX 79409-1162
800-527-2802
806-527-0508 fax
jmitchellttu@attglobal.net

Region VII

Ms. Donna McDaniel, Director
Community Development Institute
5616 Raytown Road
Raytown, MO 64133
816-356-5373 ext. 12
816-356-2818 fax
dmcdaniel@cd17.com
www.r7hsteam.org

Region VIII

Ms. Deborah Hinrichs, Director
Community Development Institute
9745 E. Hampden Avenue, Suite 310
Denver, CO 80231
800-488-CDI8 (2348)
303-369-5801 fax
debhinrich@aol.com

Region IX

Ms. Jean S. Childs, Project Director
Development Associates, Inc.
1475 North Broadway, Suite 200
Walnut Creek, CA 94596
800-666-9711
925-935-0413 fax
jchilds@devassoc.com
www.devassoc.com

Region X

Ms. Carillon J. Olmsted, Director
Early Childhood Training Center
Portland State University
P.O. Box 1491
1633 SW Park Avenue
Portland, OR 97207
800-547-8887
503-725-4838 fax
olmstedc@pdx.edu

Region XI

Ms. Pattie Howell, Director
American Indian Institute -College of
Continuing Education
University of Oklahoma
555 Constitution Street
Suite 228
Norman, OK 73072-7820
800-379-3869
405-325-7319 fax
phowell@ou.edu

Region XII

Ms. Sharon Yandian, Director
Academy for Educational Development
Migrant and Seasonal HSQIC
1825 Connecticut Avenue, NW
8th Floor
Washington, DC 20009-5721
800-864-0465
202-884-8732 fax
syandian@aed.org

Head Start Quality Improvement Centers for Disabilities Services

listed in order by Region . . .

Region I

Mr. Philip Printz, Director
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458
617-969-7100 x2349
617-244-3609 fax
pprintz@edc.org
www.edc.org/CCF/hstta

Region IIa & b

Ms. Barbara Schwartz, Director
New York University
School of Education-QICDS
726 Broadway, 5th Floor
New York, NY 10003-9580
212-998-5528
212-998-4562 fax
b.schwartz@nyu.edu

Region III

Ms. Sheri Osborne, Director
Child Development Resources
P.O. Box 280
Norge, VA 23127-0280
757-566-2860
757-566-8710 fax
sherio@cdr.org

Region IVa & b

Ms. Brenda V. Bowen, Director
Chapel Hill Training-Outreach Project
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
800-473-1727
919-490-4905 fax
bbowen@chtop.org
www.chtop.com

Region Va & b

Mr. Rob Corso, Director
Department of Special Education
University of Illinois
139 Children's Research Center
51 Gerty Drive
Champaign, IL 61820
800-451-7927
217-244-6191 fax
rcorso@uiuc.edu

Region VIa & b

Ms. Toni Ledet, Director
University of Arkansas UAP
2001 Pershing Circle
Suite 300
North Little Rock, AR 72114-1841
800-831-4827
501-682-9901 fax
ledettoni@uams.edu

Region VII

Ms. Barbara Bangert, Director
University of Kansas/QIC-D
51 North 12th Street
Hastings Hall, Suite 100
Kansas City, KS 66102
913-281-7770
913-281-7772 fax
bbangert@kumc.edu

Region VIII

Mr. Don Barringer, Director
Utah State University/HSRC, Room 13
6582 Old Main Hill
Logan, UT 84322-6582
888-523-5127
435-797-0983 fax
nordon@cc.usu.edu

Region IX

Ms. Mary Anne Doan, Director
California Institute on Human Services
Sonoma State University
1801 East Cotati Avenue
Rohnert Park, CA 94928-3609
707-664-2957
707-664-2418 fax
maryanne.doan@sonoma.edu
www.sonoma.edu/cihs/hsds

Region X

Ms. Carillon J. Olmsted, Director
Early Childhood Training Center
Portland State University
P.O. Box 1491
1633 South West Park Avenue
Portland, OR 97207
503-725-4815 x4815
503-725-4838 fax
olmsteddc@pdx.edu
extended.pdx.edu/ectc.htm

Region XI

Ms. Antonia Dobrec, Director
Three Feathers Associates
P.O. Box 5508
1120 Rambling Oaks Drive
Norman, OK 73070
877-941-9174
877-941-9175 fax
toni@threefeathersassoc.com
www.3feathers.org

Region XII

Ms. Julie K. Jones, Director
Academy for Educational Development
1825 Connecticut Avenue, NW
8th Floor
Washington, DC 20009-5721
877-371-2088
202-884-8113 fax
jjones@aed.org
www.mhsdsqic.org

State Collaboration Directors

listed alphabetically by state . . .

Ms. Linda Hampton

Alabama Head Start-State
Collaboration Office
Office of School Readiness
Department of Children's Affairs
P.O. Box 302755
Montgomery, AL 36130-2755
334-353-1095
334-353-0054 fax
lhampton@sdenet.alsde.edu
www.alsde.edu

Ms. Claudia Shanley

Alaska Head Start-State
Collaboration Office
Department of Education and Early
Development
619 East Shipcreek Avenue
Suite 230
Anchorage, AK 99501
907-269-4518
907-269-1064 fax
claudia_shanley@eed.state.ak.us

Mr. Charley Hare

American Indian/ Alaskan Native
Community Development Institute
P.O. Box 176
Pawnee, OK 74058
918-762-3879
chare@cditeam.org

Mr. Mark Nagasawa

Arizona Head Start-State
Collaboration Office
Governor's Division for Children
1700 West Washington, Suite 101-B
Phoenix, AZ 85007
602-542-3483
602-542-4644 fax
mnagasawa@az.gov

Ms. Ann Patterson

Arkansas Head Start-State
Collaboration Office
Arkansas Head Start Association
523 South Louisiana Street, Suite 301
Little Rock, AR 72201
501-371-0740
501-370-9109 fax
ann@arheadstart.org

Mr. Michael Silver

California Head Start-State
Collaboration Office
California Department of Education
Child Development Division
560 J Street, Suite 220
Sacramento, CA 95814
916-324-8296
916-323-6853 fax
msilver@cde.ca.gov
www.cde.gov

Ms. Lynn Johnson

Colorado Head Start-State
Collaboration Office
Office of Bill Owens
136 State Capitol
Denver, CO 80203
303-866-4609
303-866-6368 fax
Lynn.Johnson@state.co.us

Ms. Grace Whitney

Connecticut Head Start-State
Collaboration Office
Department of Social Services
25 Sigourney Street
Hartford, CT 06106
860-424-5066
860-424-4960 fax
grace.whitney@po.state.ct.us

Ms. Betty B. Richardson
Delaware Head Start-State
Collaboration Office
State of Delaware Department
of Education
Improvement and Assistance Branch
Townsend Building, P.O. Box 1402
Dover, DE 19903
302-739-4667 x3131
302-739-2388 fax
brichardson@state.de.us
www.dart.dps.state.de.us

Ms. Beverly Roberson Jackson
District of Columbia Head Start-State
Collaboration Office
717 14th Street, NW, Suite 730
Washington, DC 20005
202-727-8113
202-727-8164 fax
Beverly.Jackson@dc.gov

Ms. Mary Bryant
Florida Head Start-State
Collaboration Office
Florida's Collaboration for Young
Children and Their Families
The Holland Building, Room 146
600 South Calhoun Street
Tallahassee, FL 32399-0240
850-414-7757
850-414-7760 fax
mary.bryant@schoolreadiness.org

Dr. Robert Lawrence
Georgia Head Start-State
Collaboration Office
Georgia Office of School Readiness
10 Park Place South
Atlanta, GA 30303
404-656-5957
404-651-7184 fax
robert.lawrence@mail.osr.state.ga.us

Ms. Jacqueline Rose
Hawaii Head Start-State
Collaboration Office
Hawaii Department of Human Services
Benefit, Employment, and Support
Services Division
820 Mililani Street
Suite 606, Haseko Center
Honolulu, HI 96813
808-586-5240
808-586-5744 fax
jrose@bessd.dhs.state.hi.us

Ms. Bobbie Ahern
Idaho Head Start-State
Collaboration Office
Idaho Head Start Association, Inc.
200 North 4th Street, Suite 20
Boise, ID 83702
208-345-1182
208-345-1163 fax
bobbieahheadstart@yahoo.com

Ms. Gina Ruther
Illinois Head Start-State
Collaboration Office
Illinois Department of Human Services
10 Collinsville Avenue, Suite 203
East St. Louis, IL 62201
618-583-2083 /2088
618-583-2091 fax
dhds60a2@dhs.state.il.us
www.ilheadstart.org

Ms. Donna Hogle
Indiana Head Start-State
Collaboration Office
402 West Washington Street
Room W461
Indianapolis, IN 46204
317-233-6837
317-233-4693 fax
dhogle@fssa.state.in.us
www.ai-org/fssa

Ms. Anita Varne
Iowa Head Start-State
Collaboration Office
Iowa Department of Education
Bureau of Children, Families, and
Community Services
Grimes State Office Building
Des Moines, IA 50319-0146
515-242-6024
515-242-6019 fax
anita.varne@ed.state.ia.us

Ms. Carolyn Weinhold
Kansas Head Start-State
Collaboration Office
Kansas Department of Social and
Rehabilitation Services
Docking State Office Building
915 Southwest Harrison
Room 681 West
Topeka, KS 66612
785-368-6354
785-296-0146 fax
crzw@srskansas.org
www.ink.org/public/srs

Ms. Christine Killen
Kentucky Head Start-State
Collaboration Office
Governor's Office of Early Childhood
Development
275 East Main Street, 2W-E
Frankfort, KY 40621
502-564-8099
502-564-8330 fax
christinef.killen@mail.state.ky.us
www.kycollaboration.com

Ms. Shirley G. Williams
Louisiana Head Start-State
Collaboration Office
412 4th Street, Room 105
Baton Rouge, LA 70802
225-219-4246
225-219-4248 fax
swillia@dss.state.la.us

Ms. Carolyn Drugge
Maine Head Start-State
Collaboration Office
Office of Child Care and Head Start
Department of Human Services
State House Station 11
Augusta, ME 04333-0011
207-287-5060
207-287-5031 fax
carolyn.drugge@state.me.us

Ms. Linda Zang
Maryland Head Start-State
Collaboration Office
Governor's Office for Children,
Youth and Families
301 West Preston Street, 15th Floor
Baltimore, MD 21201
410-767-4160
410-333-5248 fax
linda@mail.ocyf.state.md.us

Ms. Dee Bertozzi
Massachusetts Head Start-State
Collaboration Office
Executive Office of Health
and Human Services
One Ashburton Place, Suite 1109
Boston, MA 02108
617-727-7600
617-727-1396 fax
Dee.Bertozzi@state.ma.us
www.mass.gov

Ms. Shannon Pavwoski
Michigan Head Start-State
Collaboration Office
Michigan Family Independence Agency
235 South Grand Avenue, Suite 1302
P.O. Box 30037
Lansing, MI 48909
517-373-2492
517-241-9033 fax
pavwoskis@michigan.gov
www.mhas.ws

Mr. Carlos Juan Marrero
Migrant and Seasonal Farmworkers
Education Development Center, Inc.
1250 24th Street, NW
Suite 270
Washington, DC 20037
202-466-0540 x267
202-223-4059 fax
cmarrero@edc.org

Ms. Sandy Simar
Minnesota Head Start-State
Collaboration Office
Minnesota Department of Children,
Families and Learning
1500 West Highway 36
Roseville, MN 55113
651-634-2203
651-634-8898 fax
Sandy.simar@state.mn.us
www.des.state.mn.us

Ms. Laura Beth Hebbler
Mississippi Head Start-State
Collaboration Office
359 North West Street
Suite 230
Jackson, MS 39205-0771
601-359-5798
601-359-1818 fax
lbhebbler@mde.k12.ms.us

Ms. Chris Groccia
Missouri Head Start-State
Collaboration Office
University of Missouri-Columbia
Department of Human Development
and Family Studies
Rock Quarry Center
1400 Rock Quarry Road
Columbia, MO 65211-3280
573-884-0579
573-884-0598 fax
grocciac@missouri.edu

Ms. Mary Jane Standaert
Montana Head Start-State
Collaboration Office
P.O. Box 202952
Helena, MT 59620-2952
406-444-0589
406-444-2547 fax
mstandaert@state.mt.us
www.headstartmt.org

Ms. Eleanor Shirley-Kirkland
Nebraska Head Start-State
Collaboration Office
Nebraska Department of Education,
Office of Children and Families
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
402-471-3501
402-471-0117 fax
kirkland@nde.state.ne.us
www.nde.state.ne.us/ECH/HeadStart/
HSSCP.html

Ms. Kathy Biagi
Nevada Head Start-State
Collaboration Office
Community Connections
Nevada Department of Human
Resources
3987 South McCarran Boulevard
Reno, NV 89502
775-688-2284 x256
775-688-2558 fax
Kabiagi@dcfs.state.nv.us
www.nvcommunityconnections.com

Ms. Ann B. Ringling
New Hampshire Head Start-State
Collaboration Office
New Hampshire Department of Health
and Human Services
Child Development Bureau
129 Pleasant Street
Concord, NH 03301-6505
603-271-4454
603-271-7982 fax
aringlin@dhhs.state.nh.us

Ms. Yasmine Daniel
New Jersey Head Start-State
Collaboration Office
DHS Office of Early Care and Education
P.O. Box 700
Trenton, NJ 08625-0700
609-984-5321
609-292-1903 fax
yasmine.daniel@dhs.state.nj.us

Ms. Diane Rodriguez
New Mexico Head Start-State
Collaboration Office
Department of Children, Youth, and
Families
P.O. Drawer 5160
Sante Fe, NM 87502-5160
505-827-7499
505-827-7361 fax
dsrodriguez@cyfd.state.nm.us

Ms. Judith Sikora
New York Head Start-State
Collaboration Office
New York State Council on Children
and Families
5 Empire State Plaza, Suite 2810
Albany, NY 12223-1553
518-474-6294
518-473-2570 fax
judy.sikora@ccf.state.ny.us
www.capital.net/com/council

Mr. Ronald Moore
North Carolina Head Start-State
Collaboration Office
Division of Child Development
319 Chapanoke Road
2201 Mail Service Center 27699-2201
Raleigh, NC 27603
919-662-4543
919-662-4568 fax
Ronald.Moore@ncmail.net

Ms. Linda E. Rorman
North Dakota Head Start-State
Collaboration Office
North Dakota Department of Human
Services
Children and Family Services Division
#325
600 East Boulevard Avenue
Bismarck, ND 58505
701-328-1711
701-328-3538 fax
sororl@state.nd.us
www.headstartnd.com

Ms. Barbara Haxton
Ohio Head Start Association
Ohio Head Start-State
Collaboration Office
52 Congress Park Drive
Dayton, OH 45459
937-435-1113
937-435-5411 fax
haxton@ohsai.org
www.ohsai.org

Ms. Kay C. Floyd
Oklahoma Head Start-State
Collaboration Office
OACAA
2915 Classen, Suite 215
Oklahoma City, OK 73106
405-524-4124
405-524-4923 fax
kfloyd@okacaa.org
www.okacaa.org

Ms. Dell Ford
Oregon Head Start-State
Collaboration Office
Oregon Department of Education
Public Service Building
255 Capitol Street, NE
Salem, OR 97310-0203
503-378-3600 x2601
503-373-7968 fax
dell.ford@state.or.us

Mr. John Mitchell
Pennsylvania Head Start-State
Collaboration Office
Center for Schools and Communities
1300 Market Street, Suite 12
Lemoyne, PA 17043
717-763-1661 ext. 137
717-763-2083 fax
jmittell@csiu.org

Ms. Amarilis Padilla-Lugo
Puerto Rico Head Start-State
Collaboration Office
Governor's Office
La Fortaleza
P.O. Box 902-0082
San Juan, PR 00902-0082
787-721-7000 ext.4059 or ext.4058
787-725-3424 fax
apadilla@fortaleza.gobierno.pr

Mr. Larry Pucciarelli
Rhode Island Head Start-State
Collaboration Office
Department of Human Services
Louis Pasteur Building
600 New London Avenue
Cranston, RI 02920
401-464-3071
401-462-6878 fax
lpucciar@gw.dhs.state.ri.us

Ms. Mary Lynne Diggs
South Carolina Head Start-State
Collaboration Office
South Carolina Department of Health
and Human Services
1801 Main Street, 12th Floor
Columbia, SC 29201
803-898-2550
803-898-4458 fax
Diggs@dhhs.state.sc.us

Ms. Betsy Pollock
South Dakota Head Start-State
Collaboration Office
South Dakota Department of Education
and Cultural Affairs (DECA)
700 Governors Drive
Pierre, SD 57501-2291
605-773-4640
605-773-3782 fax
betsy.pollock@state.sd.us

Ms. Janet Coscarelli
Tennessee Head Start-State
Collaboration Office
Andrew Johnson Tower, 7th Floor
710 James Robertson Parkway
Nashville, TN 37243-0376
615-741-4849
615-532-4989 fax
janet.coscarelli@state.tn.us

Dr. Dorothy J. Calhoun
Texas Head Start-State Collaboration
Office
7000 Fannin Street
Suite 2355
Houston, TX 77030
713-500-3835
dorothy.j.calhoun@uth.tmc.edu

Ms. Janna Forsgren
Utah Head Start-State
Collaboration Office
Utah Department of Health,
Division of Community and Family
Health Services
Child, Adolescent, and School
Health Program (CASH)
P.O. Box 142001
Salt Lake City, UT 84114-2001
801-538-9312
801-538-9409 fax
jannaforsgren@utah.gov

Ms. K. C. Whiteley
Vermont Head Start-State
Collaboration Office
Agency of Human Services
103 South Main Street
Waterbury, VT 05671-0204
802-241-2705
802-241-2979 fax
kcw@wpgate1.ahs.state.vt.us

Dr. Rowena Wilson
Virginia Head Start-State
Collaboration Office
Norfolk State University
700 Park Avenue
Norfolk, VA 23504
757-823-8322
757-823-2699 fax
rgwilson@nsu.edu

Ms. Sangree M. Froelicher
Governor's Head Start-State Collabora-
tion Office
Division of Child Care and Early Learn-
ing
Department of Social and Health Services
P.O. Box 45480
Olympia, WA 98504-5480
360-413-3330
360-413-3482 fax
froelsm@dshs.wa.gov

Mr. William Huebner
West Virginia Head Start-State
Collaboration Office
Governor's Cabinet on Children
and Families
2101 Washington Street East
Building 17
Charleston, WV 25305
304-558-4638
304-558-0596 fax
bhuebner@wvnm.wvnet.edu

Ms. Julia Herwig
Wisconsin Head Start-State
Collaboration Office
Wisconsin Department of
Workforce Development
201 East Washington Avenue
Madison, WI 53707-7935
608-261-4596
608-267-3240 fax
herwiju@dwd.state.wi.us

Ms. Terri Longhurst
Wyoming Head Start-State
Collaboration Office
University of Wyoming
P.O. Box 4298
Laramie, WY 82072
307-766-2452
307-766-2549 fax
lnghurst@uwyo.edu

Using the *Weaving Connections* CD-ROM

The *Weaving Connections* training package includes a video, written materials, and a CD-ROM. The CD includes:

- ◆ Electronic versions [Portable Document Files (PDF)] of all of the written materials and the 2003 PRISM Core Questions
- ◆ Files that programs can manipulate, use, and distribute to potential Health Services Advisory Committee (HSAC) members. These include a brochure about Head Start and your HSAC, a sample recruitment letter for your committee, a sample certificate of appreciation for your HSAC members, and a Microsoft PowerPoint presentation on Head Start and Health Services.

This section describes how to open and use the *Weaving Connections* CD and how to use each of the files listed above.

Opening the CD-ROM

Insert the *Weaving Connections* CD-ROM into your CD-ROM drive. On a Windows-based computer, a CD-ROM window should open that resembles **Figure 1**. To access the files on this CD, double-click on the Welcome file (see **Figure 1**). This file is a PDF, and to read it you must have Adobe Acrobat Reader installed on your computer. **If you have any problems opening it, see the next section, Installing Adobe Acrobat Reader.**

Once the Welcome file is open, it should look like **Figure 2**. From this screen, you can choose to view either the English or Spanish versions of the CD's Table of Contents, and from there, the materials that are included on the CD. It can also take you to the *Weaving Connections* Web site, located at www.acf.hhs.gov/programs/hsb/connections/index.htm.

You can also access the items listed above by going directly to their folder. In the CD-ROM window (**Figure 1**) open either the English or Spanish folder, and then open the folder with the item you would like to view, such as the written materials, brochure, or recruitment letter.

Figure 1

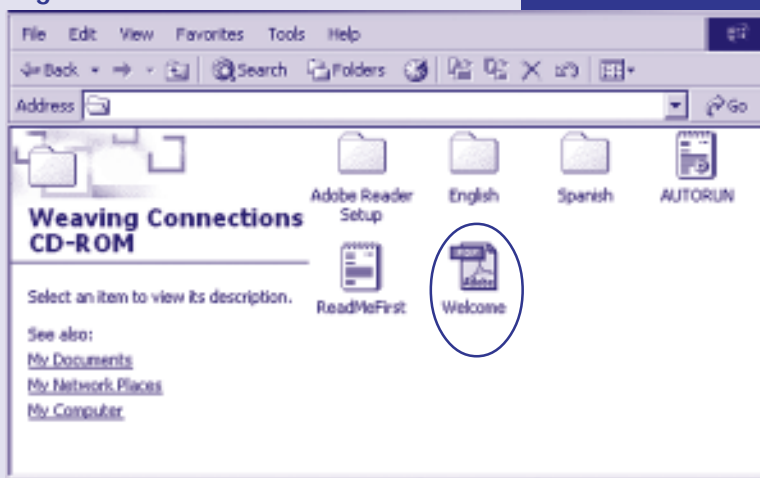


Figure 2



Installing Adobe Acrobat Reader

Adobe Acrobat Reader is free software that allows you to open and view PDF files. It can be installed in one of two ways:

Figure 3

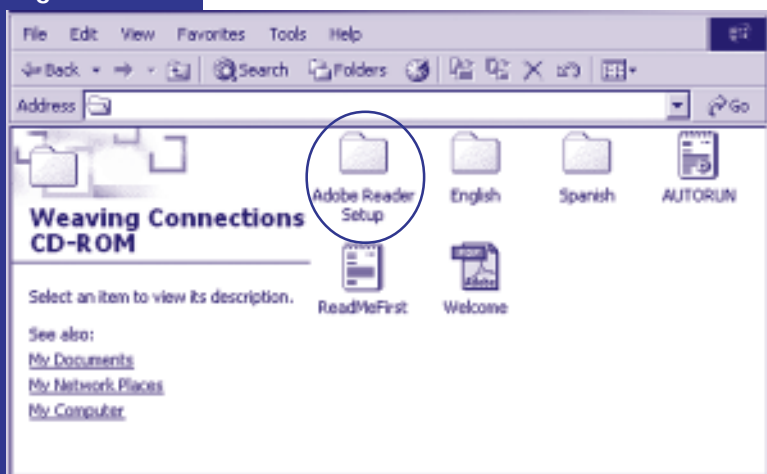
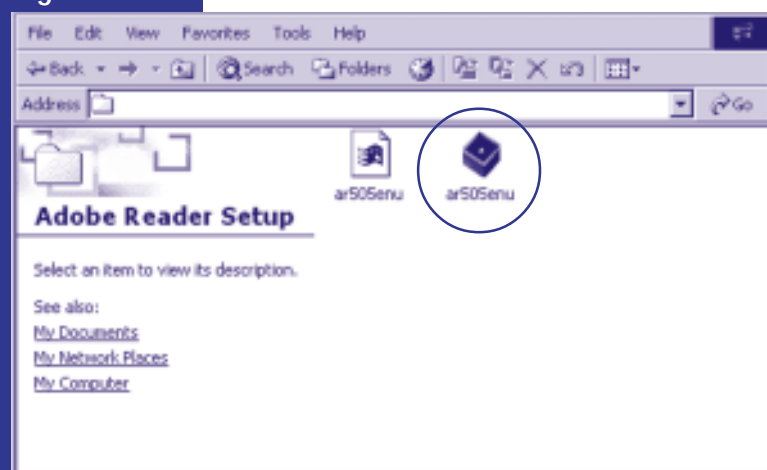


Figure 4



1. It can be installed from the Adobe Reader Setup folder located on the Weaving Connections CD (see **Figure 3**). In the CD-ROM window shown in **Figure 3**, open the Adobe Reader Setup folder. In that folder, double-click on the file “ar505enu.exe” (see **Figure 4**). This will start the installation process. Follow the instructions for downloading the software.
2. It can be downloaded for free from Adobe’s Web site. To do this, go to the Web page www.adobe.com/products/acrobat/readstep.html and click on “Get Acrobat Reader” at the bottom of the page. Follow the instructions for downloading the software.

Once the software is installed, return to the CD-ROM window and double-click on the Welcome.pdf file (see **Figure 1**).

The Written Materials and 2003 PRISM Core Questions (PDF files)

The written materials are saved as PDF files, and to open them you must have Adobe Acrobat Reader installed on your computer. For instructions on doing this, see the previous section.

To access them, double-click on the Welcome.pdf file in the CD-ROM window. In the first screen you see, click on “View CD’s Table of Contents.” At the bottom of the list of contents is the link to the Written Materials; click on it. A new window will open and a list of the differ-

ent sections of the document should appear in the left-hand side of your screen. From that list, you can click on the different sections of the document to access those pages. In the “Table of Contents” screen you can also access the different parts of the publication by clicking directly on the listing.

The above directions also apply to accessing the 2003 PRISM Core questions, which are in the “PRISM” folder on the CD and accessible through the CD Table of Contents.

The Brochure

To use the brochure on the CD-ROM, you need to have Microsoft Word or Corel WordPerfect installed on your computer. To modify the brochure for your program, follow these steps:

1. In the folder “Brochure,” open the file called “brochure.” The file is saved in three different versions: Microsoft Word, Corel WordPerfect, and as a Rich Text file. If you do not know which version to use, try opening them all. Once opened, you should see a two-page document that looks like this:

Page 1

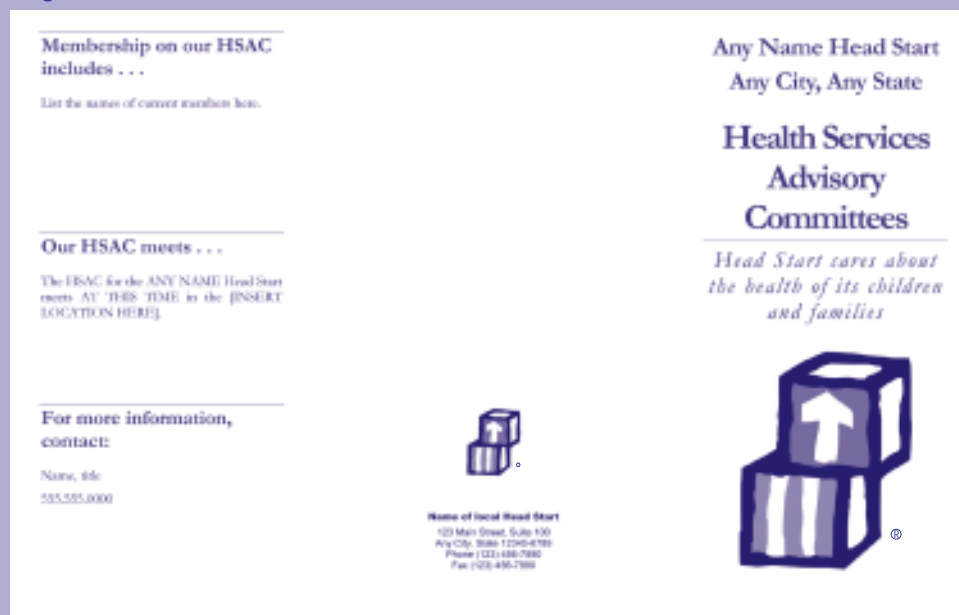


Figure 4

Page 2



2. Change the text on the first page so it reflects your program's information. While you can of course change all of the text if you like, to use the brochure, at a minimum, you have to modify the areas that are circled below:

Modify the circled areas to reflect your Head Start program.

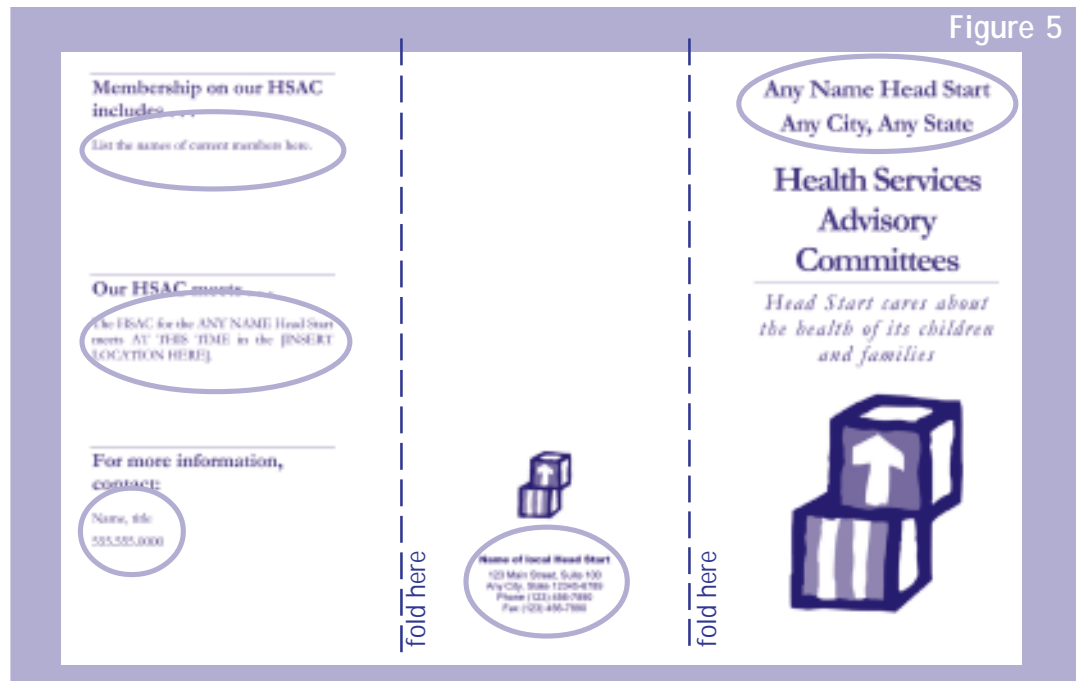


Figure 5

3. Once you have edited the text, go to File/Save As and save the brochure to your computer (You cannot save the files to the CD-ROM; you must save them to your own computer).
4. To print the brochure so it folds as shown below, print the brochure double-sided. To do this, you should first print page 1, then flip the printed page over and insert it in your printer's manual feed tray and print page 2. Then fold along the dotted lines shown in Figure 2.

Figure 3 shows what the brochure should look like once it's printed and folded.

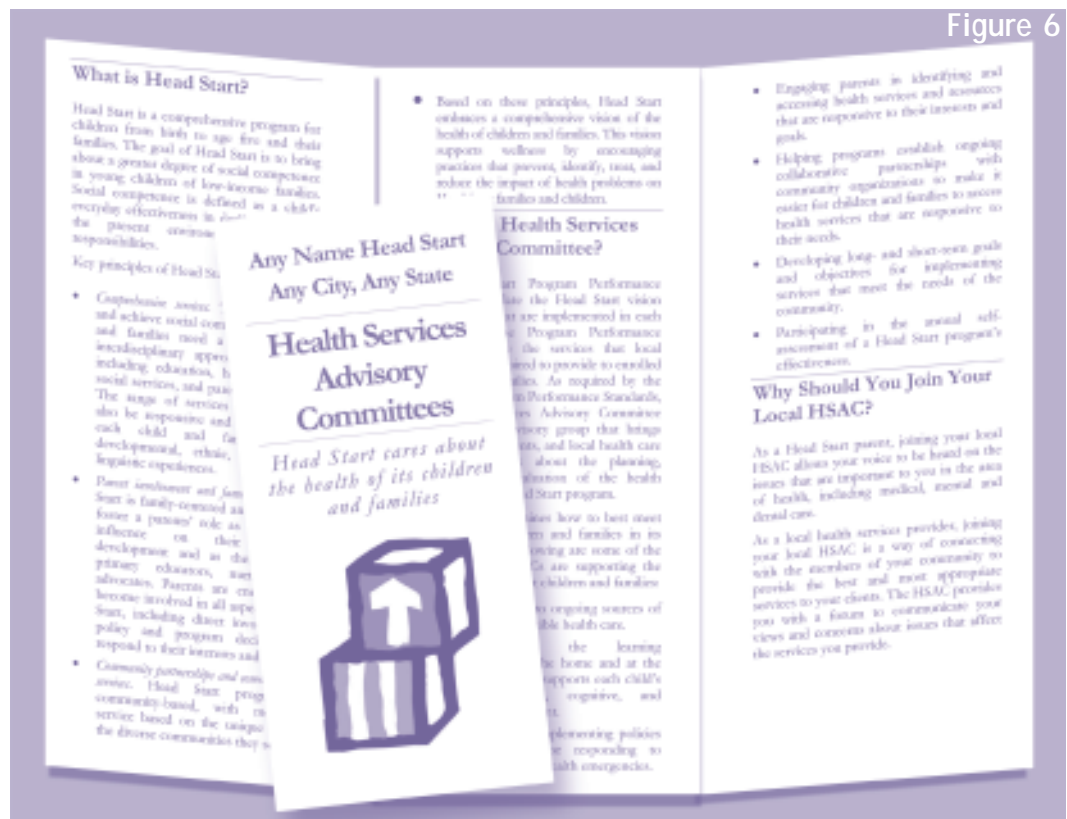


Figure 6

The Certificate of Appreciation and the Recruitment Letter

Using the certificate of appreciation and the recruitment letter is very similar to using the brochure as described on the previous page.

1. To access the files, you will need a word processing program such as Microsoft Word or Corel WordPerfect. The certificate of appreciation is located in the folder "Certificate," and the recruitment letter is located in the folder "Recruitment Letter." Just like the brochure, both have three versions saved on the CD: Microsoft Word, Corel WordPerfect, and Rich Text Format.
2. Modify the files to reflect your Head Start program's information, such as the name of your program, its address, appropriate names, and so forth.
3. Save the edited files to your computer and print them.



Modify the circled areas.

You can also edit any of the text to reflect your Head Start program and HSAC.

Dear Community Health Member:

To assure that our families and children receive the very best in health care and services, Head Start requires that each Head Start program establish a Health Services Advisory Committee (HSAC) composed of community health agencies and specialists. This Committee provides guidance on finding the most effective ways of serving our population. We invite you to be a part of this Committee because of your health-related expertise and your commitment to the health of children and families. I know that you may already be serving many of our families, and I believe that our HSAC is an additional way for you to make an important impact on our community.

I enclose information about our Committee's membership as well as an overview of the HSAC. We meet three times a year for two hours. At our next meeting, on Monday, December 25, we will be planning services for our next program year. We will provide lunch; just come with your experience and good ideas.

Our success in meeting the needs and aspirations of our families lies with all of us, including the staff and community. We hope you will join us and we count on your continued support.

Sincerely,

Jane Doe
Health Manager
Head Start Program

The PowerPoint Presentation

The PowerPoint presentation on the *Weaving Connections* CD was developed with Microsoft's PowerPoint 2000. The presentation is located in the "PowerPoint" folder on the CD-ROM under the English and Spanish sections.

If you have PowerPoint installed on your computer you can use and edit this presentation, adding text about your local Head Start program. If you do not have PowerPoint, there is a PowerPoint Viewer on the CD that you can install on your computer so you can view and present the slide show. To do this, follow the directions below.

If You Have PowerPoint

Open the presentation in one of three ways:

1. In the CD-ROM window, open the Welcome.pdf file. Click on "View CD's Table of Contents," and then choose the PowerPoint presentation.
2. In the CD-ROM window, open either the English or Spanish folder, and then open the PowerPoint folder. In that folder, open the file "HSandHealth.ppt."
3. Open PowerPoint by going to Start/Programs/Microsoft PowerPoint. Once the software opens, go to File/Open and locate your CD drive. Open either the English or Spanish folder, then click on the "PowerPoint" folder and double-click on the file "HSandHealth.ppt."

Once the PowerPoint is open, go to View/Slide Show to view the presentation. To advance each slide, click with your mouse, hit the right arrow key on your keyboard, or press your spacebar. To go back a slide, press your left arrow key. To exit the slide show, press the Esc key.

If You Do Not Have PowerPoint

If you do not have PowerPoint on your computer you will need to install the PowerPoint Viewer that is located on the *Weaving Connections* CD.

1. In the CD-ROM window, open either the English or Spanish folder, and then open the "PwrPoint" folder. Next, open the folder "PPTViewer." If you are using a Mac, open the folder "Mac" and select the PowerPoint Viewer Installer.
2. If you're using a PC, in the "PPTViewer" folder, double-click on the file "PPView97.exe" and follow the instructions for installing the software. Once the Viewer is installed, follow the instructions for opening and using the PowerPoint under "If You Have PowerPoint."